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ABSTRACT

A longitudinal study of children and their families in Manhattan, New York City, this study comprises two samples: (1) a cross-sectional sample of 1034 families, and (2) a welfare (Aid to Dependent Children) sample of 1,000 families. The results of several profiling techniques which were conducted on the Welfare Sample are disucssed. While the family and child behaivor profiles have already been constructed on the Cross-sectional sample, most of the single-parent families in that sample (22 percent in total) fell into one family type. However, since the welfare sample families were predominantly single-parent in composition (74 percent), family profiling in this sample offered an opportunity to investigate types of low income single-parent families. Five welfare family types were derived. In arriving at the family typology, a program (Hierarchical Cluster Analysis) was adopted, which finds the profile of Family X over the various dimensions in constructing the profile and the score profiles of each of the other families in the sample. So that types of families could be characterized as completely as possible, social (demographic), parental personality and marital attributes, and child-rearing practices were included as dimensions. Additionally, seven Welfare child personality types were developed from a range of child behavior items. (Author/JM)

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SINGLE-PARENT FAMILIES: RESULTS OF PROFILING TECHNIQUES IN A SAMPLE OF WELFARE ADC FAMILIES

Progress Report to the Office of Child Development*

Grant #OCD-CB-480 - Final

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INTRODUCTION

This report constitutes one in a series on single-parent families. The data in the various reports are drawn from a longitudinal study of children and their families in Manhattan, New York City. The study is comprised of two samples: a Cross-sectional sample of 1034 families and a Welfare (Aid to Dependent Children) sample of 1000 families. In this report we will discuss the results of several profiling techniques which were recently conducted on the Welfare sample. While the family and child behavior profiles have already been constructed on the Cross-sectional sample, most of the single-parent families in that sample (22% in total) fell into one family type. However, since the Welfare sample families were predominantly single-parent in composition (74%), family profiling in this sample offered an opportunity to investigate types of low income single-parent families. The behavior profiles of the children in these families were also of interest. Ultimately, the typologies developed in the two samples will be compared, and the Cross-sectional sample will provide valuable baseline data for the further study of the Welfare family and child typologies.

The emphasis on single parents of low income has direct application to a strong population trend which demands attention in the area of social planning and policy. That trend is the growing number of single-parent families, and within that category, the growing number of single-parent families of low income.[1,2] The growth of one-parent families since 1960 has been seven times as fast as the traditional two-parent or nuclear family, and the number now stands at 4.2 million one-parent families, the great majority of which are headed by mothers, not fathers. Further, "the 1972 median income for all female-headed families was remarkably low ($5,342) compared with the median income for all families ($11,116) in the same year."[2]

What, then, is the nature of this family form, and what are the needs of the family members? What are the problems of children growing up in fatherless homes? Certainly existing research is not definitive on these points. It has been assumed by many researchers that the single-parent family is less than adequate, but even this assumption is debatable. As Herzog and Sudia[6] have pointed out,

> The fatherless home in the United States...deserves study as a family form in itself, rather than as a mutilated version of some other form. It would be useful to give clearer recognition to the one-parent family as a family form in its own right - not a preferred form, but nevertheless one that exists and functions and represents something other than mere absence of true familiness. We need to take account of its strengths as well as its weaknesses; of the characteristics it shares with two-parent families as well as its differences; of ways in which it copes with its undeniable difficulties; and of ways in which the community supports or undermines its coping capacity. (p. 181)

The goals for this research are well-stated by Herzog and Sudia. Five Welfare family types have been derived from a range of social and personality variables. Additionally, seven Welfare child personality types have been developed from a range of child behavior items. In this manner, characteristics of the children in various family types can be delineated, which will hopefully be a refinement of the process of simply examining differences in children in father-present and father-absent homes. Additionally, the relative strength for child behavior of the father-figure variable in a setting of other social and familial variables can be assessed.

METHODOLOGY

Some of the basic methodological procedures of the general study are given in Appendix I (sample selection, questionnaire information, factor analyses). The central procedure for this report was the construction of the family and child typologies in the Welfare sample, using Year I data. (The typologies in both samples will eventually be rescored on Year V data.) Such profiling essentially groups cases with similar characteristics on a number of variables. Thus, families or children can be described in terms of a pattern or type rather than on a number of separate dimensions. The profiling of the families and the children were two distinctly separate statistical procedures, and to avoid confusion will be discussed separately except for a discussion of the prevalence of the various child types in the various family types.

Family Types. In arriving at the family typology, a program was adopted, Hierarchical Cluster Analysis,[11] which finds the profile of Family X over the various dimensions used in constructing the profile and the score profiles of each of the other families in the sample. The goodness of fit of a particular family to a particular profile was measured by the "distance" of its profile-defined position from the average position. The squared distance is given by the sum of the squared differences between its z-scores and the average z-scores on the various dimensions for a particular type.

So that types of families could be characterized as completely as possible, social (demographic), parental personality and marital attributes, and child-rearing practices were included as dimensions. Included in the family profile construction were seven demographic variables (which had proved the most powerful predictors of child behavior in a multiple regression analysis with 41 original demographic variables): ethnic background, rent, number of addresses in New York City, mother's educational level, number of children

in the family, natural parents of the study child present or absent in the household, and child always in the care of the natural mother. Also entered into the Hierarchical Cluster Analysis were eight parental factors (dealing with the personality of the parents and attributes of the marriage) and five parent-child factors (involving child-rearing practices and the manner in which the parents related to the study child). See Appendix I for factor descriptions. All variables were standardized so that no variable was differentially weighted in the cluster procedure by its variance. The five resulting profiles contained families that were similar on the various social and personality dimensions. Certain outstanding negative or positive features of each profile have been used in naming the profile type. When a profile element was one-half to one standard deviation away from the mean, that dimension was likely to be used in the label.

Child Types. Since a number of earlier studies, for example MacFarlane, Allen and Honzik,[10] have found low correlations between single items of child behavior over time, it was thought that consistency could be improved by relying on patterns of symptoms. Also, it would allow the description of a child in terms of a particular pattern or type rather than in terms of separate dimensions. Finally, a typology would permit the possible identification of "prodromal" patterns for later pathology. The technique described above was well-suited to the analysis of child behavior types. The eighteen child behavior factors, which had been developed previously, were used as the variables in the system. Again, see Appendix I for information about these factors. The profile analysis of these child behavior variables resulted in seven Welfare child types.

The first step in conveying the results of both of these analyses is the statistical description of the characteristics of the five family types

that were derived. This follows, along with the graphing of the parental and child-rearing attributes of each family type in order to provide the reader a quick grasp of these dimensions. However, as was stated above, seven demographic variables as well as the parent and parent-child factors were an integral part of the construction of the types. Other variables (such as attitudes about Welfare) were not used in the construction of the family types but were later cross-tabulated with the types to obtain further information about the qualities of the families on various dimensions. This information is included as part of the description of each family type. The reader who is not interested in a great amount of detail is advised to simply read the summary statement given with each family type.

RESULTS AND DISCUSSION

Family Types

Welfare Family Type A- Spanish-Speaking, Traditional (N=304, 30.4%)

In this relatively large Welfare family type, 96% were Spanish-speaking and 91% were Catholic. Family income was particularly low: 74% had an annual family income (in 1968) of less than $3,900, and 56% had a monthly rent of less than $80. The marital and family statistics of this type were fairly typical of the total Welfare sample. Seventy percent of the families were single-parent families, in that only 30% reported a father-figure in the home. Twenty-seven percent of the mothers were married (including common-law) at the time of the survey. Twenty-two percent of the households contained both natural parents of the study child, and all of the study children had always been in the care of the natural mother. These families somewhat reflected the average in number of children: 58% had three children or less. Families in this profile had a high number of moves within New York City, with 65% having moved twice or more. The educational level of the mothers was the lowest in the sample: 55% had less than a seventh grade education. Only 5.5% of the mothers were employed (full or part-time). It is not surprising, then, that only 49% of the mothers thought they would be able to get off Welfare (54% was the sample average), and only 17% had tried to stop Welfare. Three percent reported prior immediate family members on Welfare, indicating a particularly high incidence of new (non-generational) Welfare families. As seen in Figure 1, on the parental factors, these mothers had a mean score depression (less of that dimension) on the Parental Quarrels factor (.42 standard deviation unit), and a mean score elevation (more of that dimension)on the Unleisurely Parents factor (.45 s.d. unit). On the parent-child factors, they had a mean score elevation on the Mother Traditional-Restrictive factor (.57 s.d. unit).

In sum, this family type tended to contain Spanish-speaking Catholic families of particularly low income, where 70% were single-parent families.

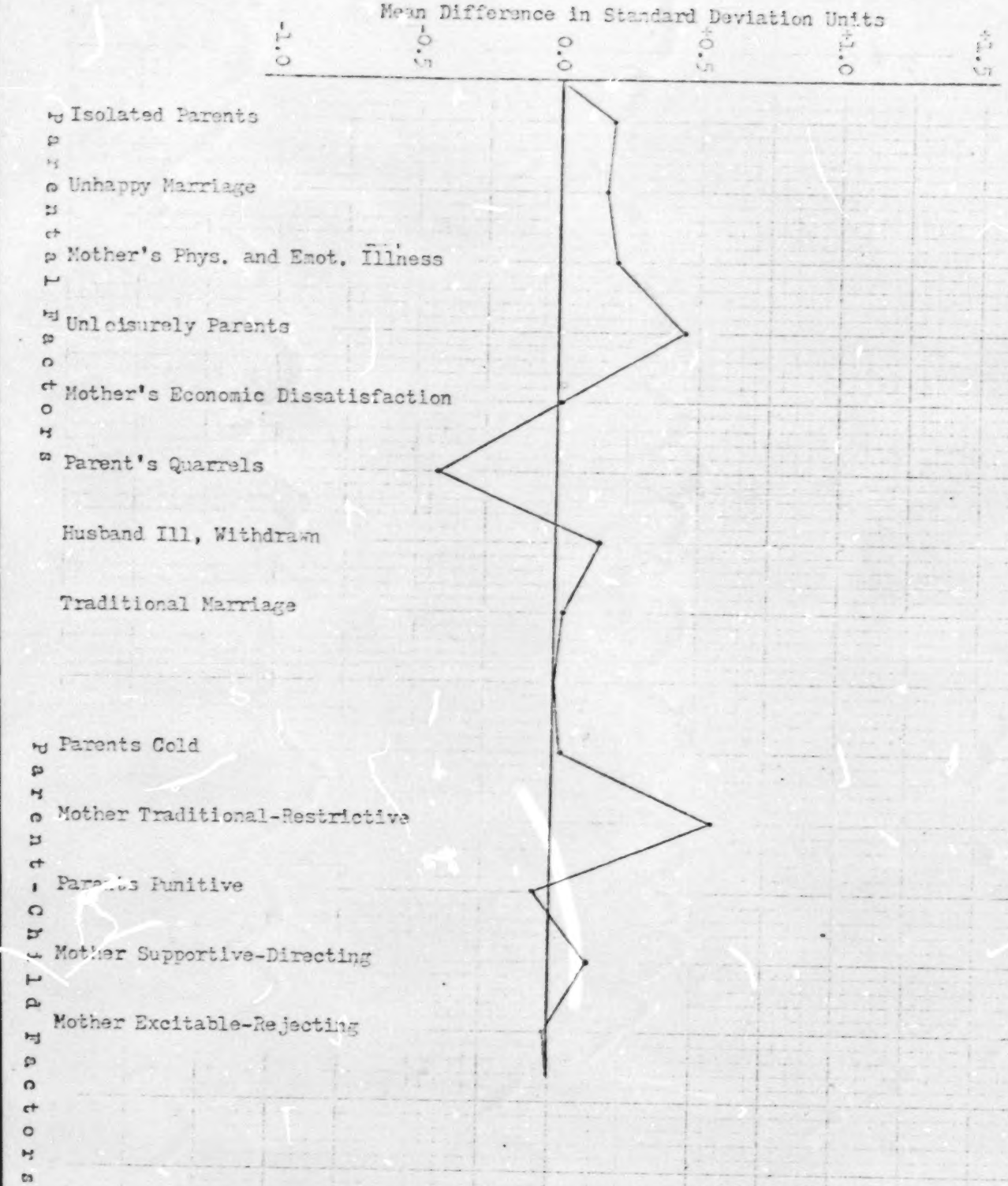


FIGURE 1

Profile of Parental and Parent-Child Factor Scores for Welfare Family Type A: Spanish-Speaking Traditional

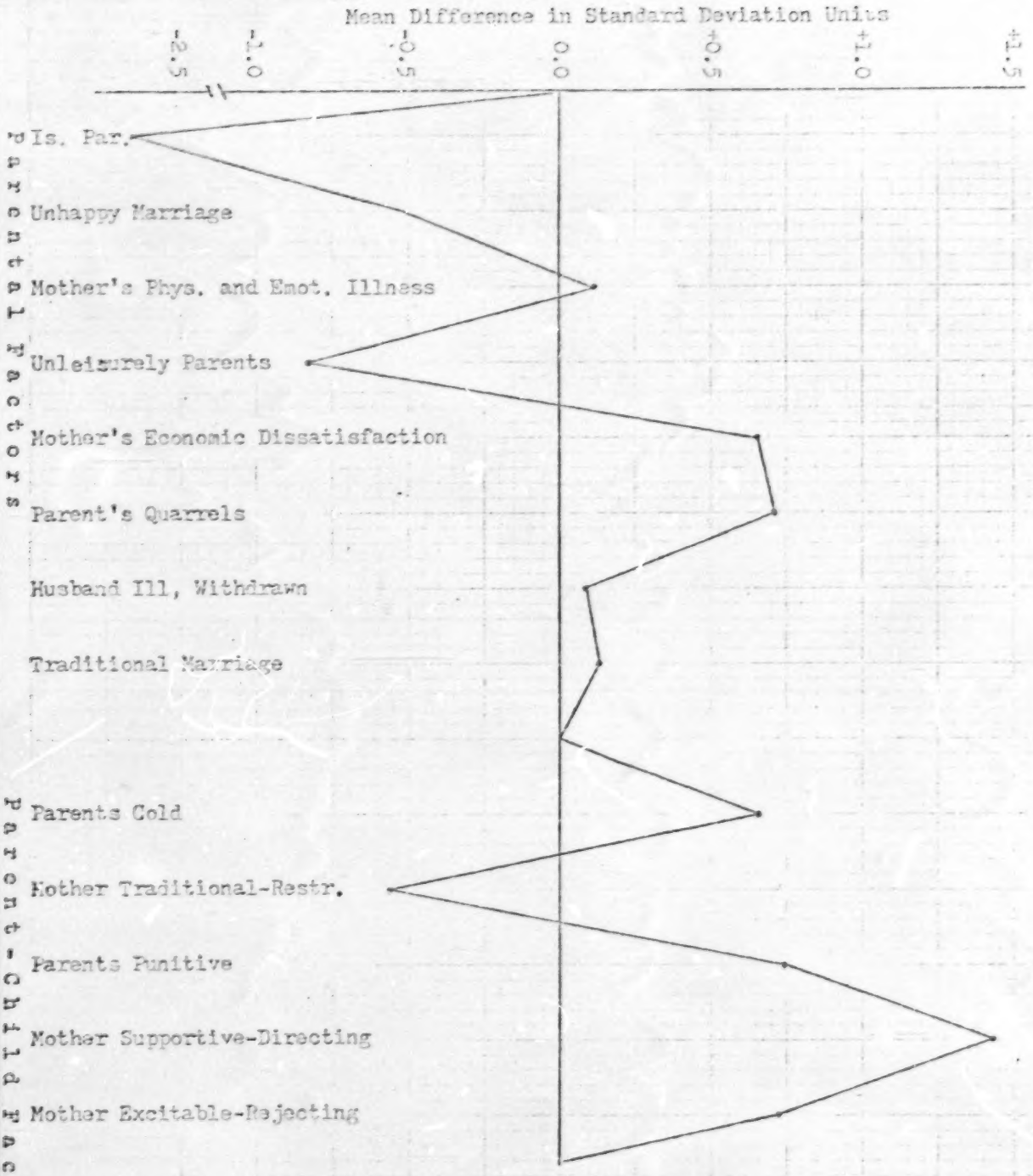
The mothers had extremely low educational levels, and only 5-1/2% were employed. About one-half of the mothers thought they would be able to get off Welfare, but less than 20% had tried to. These parents showed little quarreling, the mothers reported little leisure time, and they tended to be traditional and restrictive in their child-rearing practices.

Welfare Family Type B - Intact, Atypical Welfare (N=24, 2.4%)

This small profile was mixed in terms of ethnic background and religion. Forty-six percent were Black, 29% were Spanish-speaking, and 25% were White. Forty-two percent were Protestant, 42% were Catholic, and 4% were Jewish. The income level was relatively high, with only 50% having an annual family income of less than $3,900. The average monthly rent was relatively low: 67% paid rent of less than $80. Of all the family types, only this one tended to dual-parent and intact. Seventy-nine percent of the mothers were married (including common-law) at the time of the survey, and 87% reported a father-figure in the home. Eighty-three percent of the households contained both natural parents of the study child, and all of the study children had always been in the care of the natural mother. These families tended to be large, with only 46% having three children or less. They were also the most stable in terms of moves, with only 17% having moved twice or more within New York City. Mother's education was average (25% had less than a seventh grade education), but rates of mothers' employment were high (21% were employed). These mothers were the most optimistic about their ability to become independent of Welfare. Seventy-one percent thought they would be able to get off Welfare, 33% had tried to stop Welfare, and only 4.2% reported prior immediate family members on Welfare. In terms of marital and child-rearing attributes, these mothers were somewhat more typical of the mothers in the Cross-sectional sample[3] than they were of the

FIGURE 2

Profile of Parental and Parent-Child Factor Scores for Welfare Family Type B: Intact, Atypical Welfare



Welfare mothers. As shown in Figure 2, on the parental factors these mothers had mean score depressions (less of that dimension than the Welfare sample average) on Isolated Parents (2.66 s.d. units), Unhappy Marriage (.51 s.d. unit), and Unleisurely Parents (.83 s.d. unit), and mean score elevations (more of that dimension) on Mother's Economic Dissatisfaction (.66 s.d. unit) and Parents Quarrels (.71 s.d. unit). On the parent-child factors they had a mean score depression on Mother Traditional-Restrictive (.56 s.d. unit), and mean score elevations on Parents Cold (.66 s.d. unit), Parents Punitive (.75 s.d. unit), Mother Supportive-Directing (1.43 s.d. units), and Mother Excitable-Rejecting (.73 s.d. unit).

In sum, the highlight of this family type was that it contained mainly intact families. The mothers were optimistic about getting off Welfare, and the percentage of working mothers was above average. These parents were somewhat more typical of the average parents found in the Cross-sectional sample than that found in the Welfare sample. The marriages were happier than the Welfare average, and the less traditional mothers tended to have strong involvement (not all of a positive nature) with their child's functioning and emotional needs. It could be hypothesized that these were mainly short-term Welfare clients, who perhaps applied for public assistance in response to a family emergency.

Welfare Family Type C-Discordant Homes, Emotionally-Ill Mothers (N=113, 11.3%)

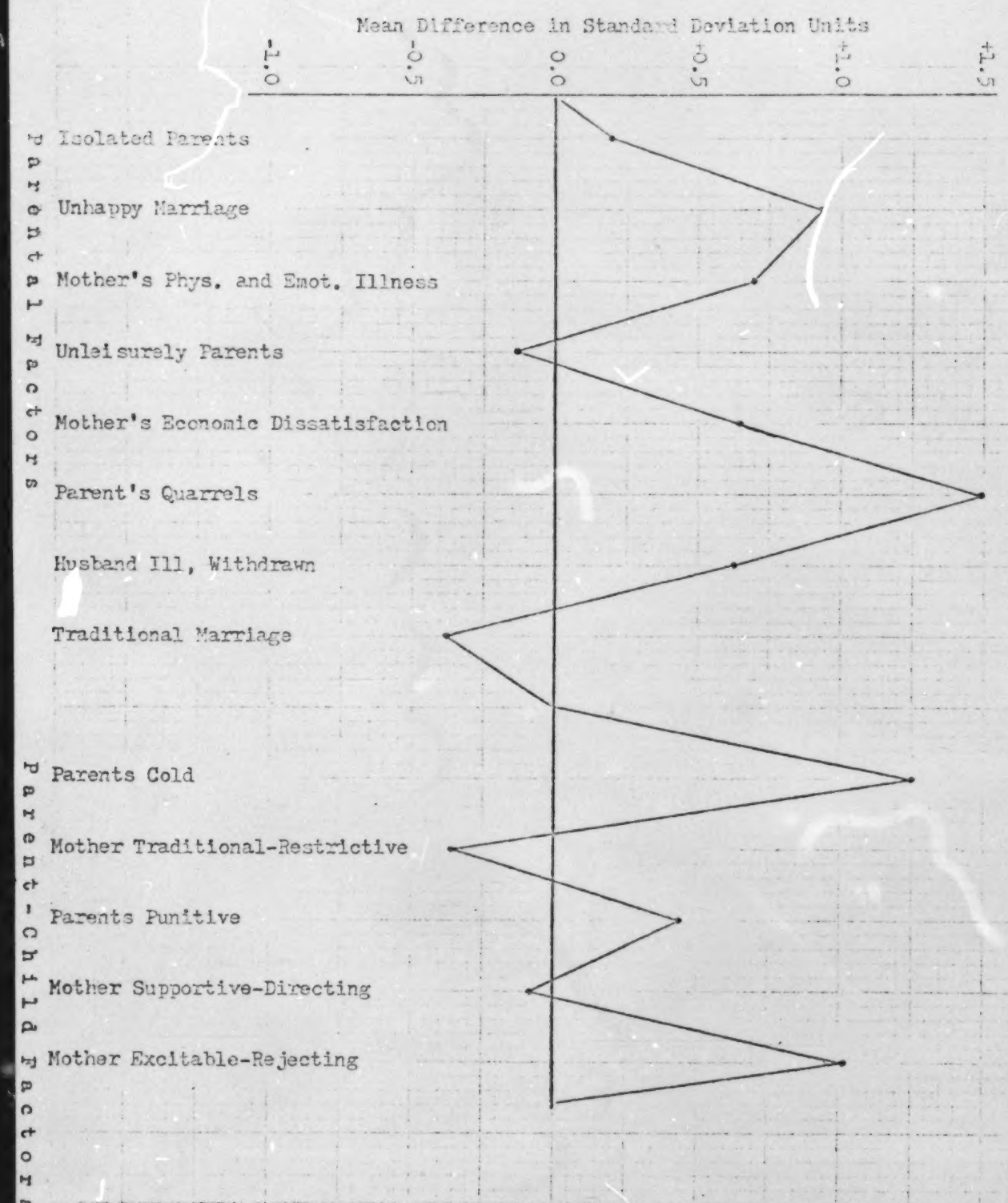
This family type had the largest proportion of White families (56%), with 30% Black, and 14% Spanish-speaking. Sixty-four percent of these families were Catholic and 25% were Protestants. On income they were about average for this sample: 65% had an annual family income of less than $3,900. Sixty-seven percent paid a monthly rent of less than $80. The number of single-parent families in this profile was above the sample average. Only 17% reported a father-figure in the home, and only 18% of the mothers were married

at the time of the survey (61% reported being separated). Only 12% of the households contained both natural parents of the study child, and only 87% of the study children had always been in the natural mother's care. Family size tended to be average: 52% of the children had three children or less. The amount of family moving was also about average: 54% had moved twice or more within New York City. These mothers were among the most highly educated in the Welfare sample, with only 10% reporting less than a seventh grade education (23% had 12 years or more), but they were only average on employment status (12% had full- or part-time jobs). These mothers were optimistic about their ability to get off Welfare (68% thought they would be able to and 30% had tried to stop Welfare), but they had the highest rate of generational dependency (13% reported prior immediate family members on Welfare). These mothers reflected extremely pathological scores on the parental factors which measured attributes of the marriage and functioning of the parents, and on the parent-child factors, which tapped the parents relationship to the child (see Figure 3). Thus, parents in this profile had mean score elevations on Unhappy Marriage (.94 s.d. unit), Mother's Physical and Emotional Illness (.70 s.d. unit), Mother's Economic Dissatisfaction (.64 s.d. unit), Parents Quarrels (1.49 s.d. units), and Husband Ill-Withdrawn - Unaffectionate Marriage (.63 s.d. unit). They had a mean score depression on Traditional Marriage (.38 s.d. unit). On the parent-child factors, these parents showed a mean score depression on Mother Traditional-Restrictive (.36 s.d. unit), and mean score elevations on Parents Cold (1.25 s.d. units) Parents Punitive (.44 s.d. units), and Mother Excitable-Rejecting (1.02 s.d. units).

In sum, this Welfare family type, containing an overrepresentation of White families, was largely single-parent (83% reported no father figure). A very high 61% of the mothers reported being separated. The mothers were above the Welfare average in education, but only 12% were working. They reflected extremely high

FIGURE 3

Profile of Parental and Parent-Child Factor Scores for Welfare Family Type C: Discordant Homes, Emotionally-Ill Mothers



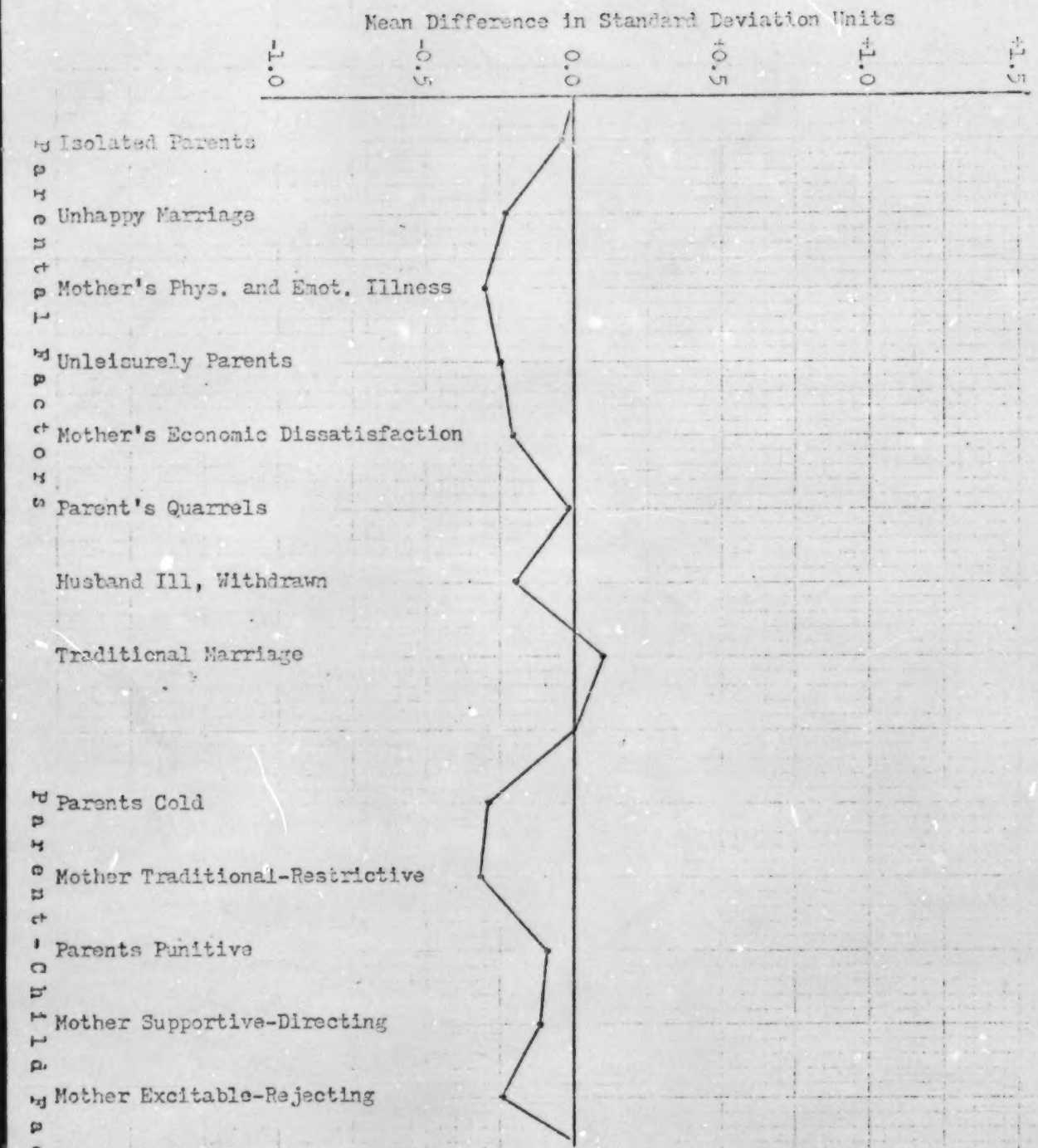
rates of poor functioning within the home and with their children. The Mother's Physical and Emotional score was noticeably high, as were the scores on Parental Coldness and Mother Excitable-Rejecting.

Welfare Family Type D - More Educated, Well-Adjusted Mothers, Non-Spanish-speaking (N=457, 45.7%).

This large profile contained predominantly Black families (61%), but with a sizable proportion of White families as well (36%). Forty-seven percent were Protestant and 40% were Catholic. Family income was somewhat above average, with 60% having an income of less than $3,900, and 62% paid an annual rent of less than $80. In terms of family composition, this group approximately reflected the Welfare sample average. Seventy-four percent were single-parent families (no father figure), and 23% of the mothers were married at the time of the survey. Eighteen percent of the households contained both natural parents of the study child, and all of the study children had always been in the natural mother's care. Fifty-three percent of the families had three children or less, which was about average. Number of moves was also average, with 37% having moved twice or more within New York City. The mothers in this family type had the highest amounts of education, with only five percent having less than a seventh grade education and 28% having twelve years or more. They were slightly above average in employment status, with 14% employed full or part-time. However, they were close to the sample average in their estimate of their future Welfare status: 58% of the mothers thought they would be able to get off Welfare. Twenty-one percent had tried to stop Welfare, and 9% reported prior immediate family members on Welfare. As shown in figure 4, these parents showed little pathology in personality attributes and in child-rearing practices. They had mean score depressions on the Mother's Physical and Emotional Illness factor (.30 s.d. unit) and the Unleisurely Parents factor (thus more leisure time, .25 s.d. unit). They also had mean score

FIGURE 4

Profile of Parental and Parent-Child Factor Scores for Welfare Family Type D: More Educated, Well-Adjusted Mothers; Non Spanish-Speaking



depressionson the Parental Coldness (.29 s.d. unit) and Mother Traditional-Restrictive (.32 s.d. unit) factors.

In sum, this large family type contained roughly two-thirds Black families and one-third White families. While this type was typical of the total Welfare sample in terms of family composition, with 74% single-parent families, the mothers were considerably above average in education. However, only slightly more than average were employed (14%), and they were only average in their optimism about getting off Welfare. In terms of both personality and child-rearing practices, they were healthier than the average Welfare mother. This family type would seem to be a prime target for remedial action in helping families become free of Welfare. It would seem that with adequate daycare facilities and employment incentives these mothers and their children could function effectively.

Welfare Family Type E - Extremely Disrupted Homes with Mother Surrogates (N=102, 10.2%).

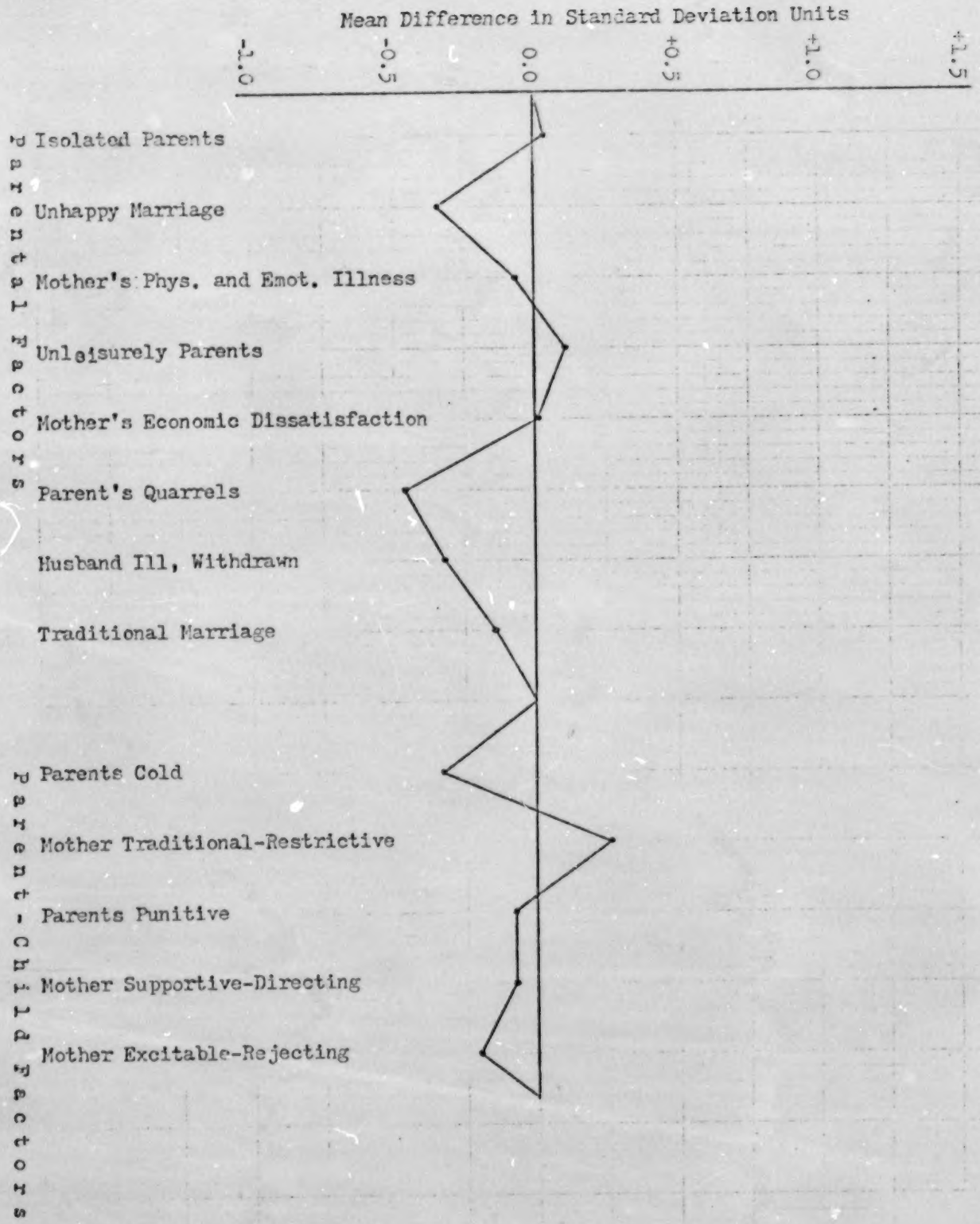
The three major ethnic groups were well-represented in this profile, with 43% Black, 34% Spanish-speaking, and 23% White. Fifty-five percent of the families were Catholic and 34% were Protestant. Family income was relatively low, with 70% having an annual income of less than $3,900, and 67% with a monthly rent of less than $80. This family type was, again, largely single-parent in composition, with 21% reporting a father-figure in the home (6% natural father of the study child). However, this type was particularly distinguished by its absence of natural parents of the study child, particularly the natural mothers. Unlike the other family types which were mainly characterized by the presence of the natural mother, this type contained 64% with no natural parents and only 2% with both natural parents. Further, only 1% of the study children had always been in the natural mother's care, compared to a sample average of 88% for this variable. The absence of the natural mother in the household, then, was shown

to be a key variable in determining this family type. The mother figures in these homes, many of them widowed, were mainly grandmothers or other female relatives of the study child. The average number of children per family was small, with 72% having three children or less. The educational level of these mothers was low (40% with less than a seventh grade education), but their rate of employement was higher than average (18%). This was the group most pessimistic about their chances of getting off Welfare, perhaps because many had the added burden of rearing someone else's child (the study child). Only 31% thought they would be able to get off Welfare, 18% had tried to stop Welfare, and 6% reported prior immediate family members on Welfare. These mothers had happy marriages compared to the sample as a whole. As shown in Figure 5, they showed mean score depressions on the parental factors of Unhappy Marriage (.34 s.d. unit), Parents Quarrels (.46 s.d. unit), and Husband Ill, Withdrawn - Unaffectionate Marriage (.32 s.d. unit). They showed little coldness toward the study child (.33 s.d. unit on this factor) and they tended to be traditional and restrictive in their child rearing practices (.26 s.d. unit).

In sum, this family type, representing all three ethnic groups, was again mainly single-parent in composition, but in this type many of the study children were being reared by a grandmother or other female relative, rather than their natural mother. The level of education of these mothers was low, and only one-third thought they would be able to get off Welfare. They were characterized by an absence of marital problems, and while they were traditional in their child-rearing practices, they also showed warmth toward the children.

FIGURE 5

Profile of Parental and Parent-Child Factor Scores for Welfare Family Type E: Extremely Disrupted Homes with Mother Surrogates



Characteristics of the Children in the Various Family Types

Once the family types were delineated, information on the characteristics of the children in the various family profiles was obtained. This included not only differential rates of child psychiatric impairment and symptomatology, but also indices of the child's contact with various agencies and institutions. Such information on children from different kinds of Welfare families, described below, has implications for preventive and interventive measures.

Child Behavior Factors and Superfactors. From the original mother's questionnaire material, information on the behavior of the study child in each family was factor analyzed into 18 child behavior factors. (This was Cross-sectional sample data. The corresponding Welfare sample information was then scored on the 18 factors. See Appendix 1 for additional information.) Table 1 contains the child behavior factor scores in standard deviation units for each family type. This rather extensive information is presented for those interested in specific areas of child symptomatology. Table 1 shows, for example, that the highest scores on the Delinquency factor were for children in Family Type C: Discordant Homes with Emotionally-Ill Mothers.

The 18 child dimensions were themselves factor analyzed to form three global measures of child behavior: Superfactor I, Anxious-Fighting-Depressed; Superfactor II, Organic-Developmental; and Superfactor III, Delinquent-Aggressive. As shown in Table 2, Family Type A, Spanish-Speaking Traditional, contained children with moderately elevated scores on the Organic-Developmental superfactor. This superfactor measured children who tended to be high on the following factors: Mentation Problems, Isolation, Late Development, Delusions-Hallucinations, Repetitive Motor Behavior, and Training Difficulties. Family Type B, Intact, Atypical Welfare, contained children with moderately elevated scores on the Anxious-Fighting-Depressed superfactor. The subscores

TABLE 1

CHILD BEHAVIOR FACTOR SCORES IN STANDARD DEVIATION UNITS FOR THE WELFARE FAMILY TYPES*

CHILD FACTOR	FAMILY TYPES A: Spanish-Speaking Traditional	B: Intact, Atypical Welfare	C: Discordant Homes, Emotionally-Ill Mothers	D: More-Educated, Well-Adjusted Mothers, Non-Spanish-Speaking	E: Extremely Disrupted Homes with Mother Surrogate
Sex Curiosity	-	E.30	E.49	-	-
Self-Destructive Tendencies	-	D.37	E.38	-	-
Mentation Problems	-	-	E.36	-	-
Conflict with Parents	-	-	E.78	D.29	-
Dependence	-	D.58	D.51	-	-
Regressive Anxiety	E.32	-	E.38	D.28	-
Weak Group Membership	E.25	D.56	D.30	-	-
Non-Compulsive	D.25	D.52	-	-	-
Training Difficulties	-	-	-	-	-
Undemanding	-	D.80	-	-	-
Repetitive Motor Behavior	E.25	E.51	-	-	-
Fighting	-	E.28	E.62	-	-
Delusions-Hallucinations	-	-	E.58		
Competitive	-	E.86	-	-	-
Delinquency	-		E.53	-	-
Conflict with Siblings	-	-	E.61	-	-
Late Development	E.27	D.28	-	-	-
Isolation	-	-	-	D.27	E.36
N=	304	24	113	457	102

*The sample mean is 0, SD = 1. E indicates elevation, i.e. that the score was higher than the mean or more of that behavior was shown by the group. D indicates depression or that less of the behavior labelled was shown. Profile for a group is obtained by reading vertically in a group's column. Only values $\geq$ .25 are included.

TABLE 2

WELFARE FAMILY TYPES BY SELECTED MEASURES OF CHILD BEHAVIOR AND SYMPTOMATOLOGY

	Family Type					
	A Spanish-Speaking Traditional N=304	B Intact, Atypical Welfare N=24	C Discordant Homes, Emotionally Ill Mothers N=113	D More-Educated, Well-Adjusted Mothers Non-Spanish Speaking N=457	E Extremely Disrupted Homes with Mother Surrogates N=102	Total Sample N=1000
% Child's Total Impairment Rating "Marked" or "Severely" Impaired	25.6	20.8	51.3**	13.5**	27.4	23.1
Child Behavior Superfactor Score[a]						
Superfactor I	-	E.26	E.80	D.30	-	-
Superfactor II	E.29	-	E.43	D.33	-	-
Superfactor III	-	-	E.63	-	-	-
% Child's Average Grades Low or Failing	9.9	8.3	8.9	5.3*	12.7	7.9
% Child in Trouble with Police	3.6	0.0	18.6**	4.4	6.9	5.9
% Child Referred for Treatment	10.5**	16.7	34.5**	14.4	24.5*	16.6

[a] I = Anxious-Fighting-Depressed, II = Organic-Developmental, III = Delinquent-Aggressive. E = elevation in score, D = depression in score.

* = significant at the .05 level of confidence. ** = significant at the .01 level. (Chi Square test)

composing this superfactor were Fighting, Sexual Curiosity, Regressive Anxiety, Conflict with Parents, Conflict with Siblings, Self-Destructive Tendencies, and Competition with Others. Family Type C, Discordant Homes, Emotionally-Ill Mothers contained children with strong elevations on all three superfactors, but more particularly Superfactors I and III. Superfactor III was made up of the subscales of Delinquency, Dependence (Independence weighted on the superfactor), Undemandingness, Non-Compulsivity, and Strong Group Membership.. Family Type D, More-Educated, Well-Adjusted Mothers, Non-Spanish-Speaking, contained children who were significantly depressed on Superfactors I and II. That is, these children showed considerably less of the Anxious-Fighting-Depressed and Organic-Developmental symptomatologies than their peers. Finally, Family Type E, Extremely Disrupted Homes with Mother Surrogates, contained children who reflected the sample average on the three scores.

Child's Psychiatric Impairment Rating. How, then, did the child symptomatology scores compare with the evaluations of child behavior made by the project psychiatrists? The psychiatric evaluations were made from the mother's report of child behavior (See Appendix 1), and while this would involve a built-in correlation with the superfactor scores which were based on the same material, a comparison of the two scores gives some indication of the nature of the impairment involved. Further, the psychiatrist had no knowledge of the background or home environment of the child, and thus the strong differentials in impairment rate by family type would be relatively unbiased.

As seen in Table 2, Family Type C, Discordant Homes, Emotionally-Ill Mothers, contained children with the highest rate of "marked" or "severe" impairment. The total sample contained 23% so rated, but in this family type the rate was over double that figure. As seen above, these children showed

elevations in all three superfactor areas. Family Type E, Extremely Disrupted Homes with Mother Surrogates, had 27% of its children rated markedly or severely impaired, which was only slightly above the sample average. These families were those where the child was usually not in the care of either of his natural parents, and while the 27% impairment rate was alarmingly high, it in no way approached the rate for the Emotionally-Ill Mothers family type (51%). When children in these two predominantly single-parent family types are compared, then, the onus appears to be more on living with an emotionally-ill mother than in living in a home without natural parents of the child.

Family Type A, Spanish-Speaking Traditional, contained 26% of its children rated markedly or severely impaired. Their elevated score on the Organic-Developmental superfactor would indicate a prevalence of problems of this nature. Family Type B, Intact, Atypical Welfare, contained 21% of its children with a high impairment rating (tending to be Anxious-Fighting-Depressed superfactor types). Finally, on a more optimistic note, one large family type (46% of the sample), More-Educated, Well-Adjusted Mothers, Non-Spanish-Speaking, contained children with only a 13% high impairment rate. These children had a significant depression (lack) of the behaviors tapped in Superfactors I and II. The strong point of this family type was obviously not its intactness (reflecting the Welfare sample average), but probably its more well-adjusted mothers with healthier child-rearing practices. These mothers were natural mothers, however, not surrogates.

Child impairment and symptomatology, then, showed considerable variation by family type, with the emotionally-ill mothers having an overabundance of emotionally-ill children, and healthier mothers tending to have the healthiest children in the sample.

School Achievement. Rates of school failure showed less variation by family type (Table 2). Children with the lowest school grades tended to come from the Extremely Disrupted Homes with Mother Surrogates family type, even though these children were only average in general symptomatology. These data in combination would suggest that the disruption process puts the child at a disadvantage in his school performance, probably as a result partially of changing schools and living in a new home environment. However, it may be for the child the beginning of an unfortunate cycle in school that is not easily broken.

Police Contacts. As shown in Table 2, children in Family Type C had a high rate of having been in trouble with the police. Frequently cited in the literature as a correlate of delinquent behavior in children is parents who show a lack of warmth toward their child. It should be noted that Family Type C had not only mothers with the highest rate of mental illness, but also parents who were extremely cold toward their children (1.25 standard deviations on the Parental Coldness factor). The absence of a father is also a frequent correlate of delinquency and while this analysis cannot cope specifically with that question, it is of interest to note that the only family type containing children with no police contacts was Family Type B (Intact, Atypical Welfare).

Treatment Contacts. Table 2 shows that only about 17% of the sample children received any form of psychological treatment (including those who had only one visit), even though 23% of the children were rated markedly or severely impaired by the psychiatrists. While the overall rate of treatment was far too low, the treatment rates showed strong differences by family type. The children at the most disadvantage in terms of treatment were those in the Spanish-Speaking Traditional family type (A). These children, who tended to

have organic-developmental problems (possibly some with mild brain damage), had only a 40% chance of receiving even the most superficial treatment. The other family type showing a large discrepancy between the number of extremely ill children and the number of treated children was Family Type C, where the mothers also tended to be ill. Family Type E was of interest because of the surprising consonance between treatment and need. This family type, with few natural parents, perhaps contained children who had received more attention from the authorities than the average Welfare child living with his natural mother.

Child Types

As mentioned above, the derivation of the Welfare child profile types was an analysis separate from that of the family profiling. The interest here was in pinpointing different types of Welfare children (in terms of the patterns of their scores on the 18 child behavior factors), and then comparing the child profiles on various background and familial variables. This type of information may be more valuable for targeted intervention with the child, where the family profile information may be more useful for more large-scale planning and intervention. At any rate, the emphasis is different in the two analyses, with the focus on the family in the first, and on the child in the second.

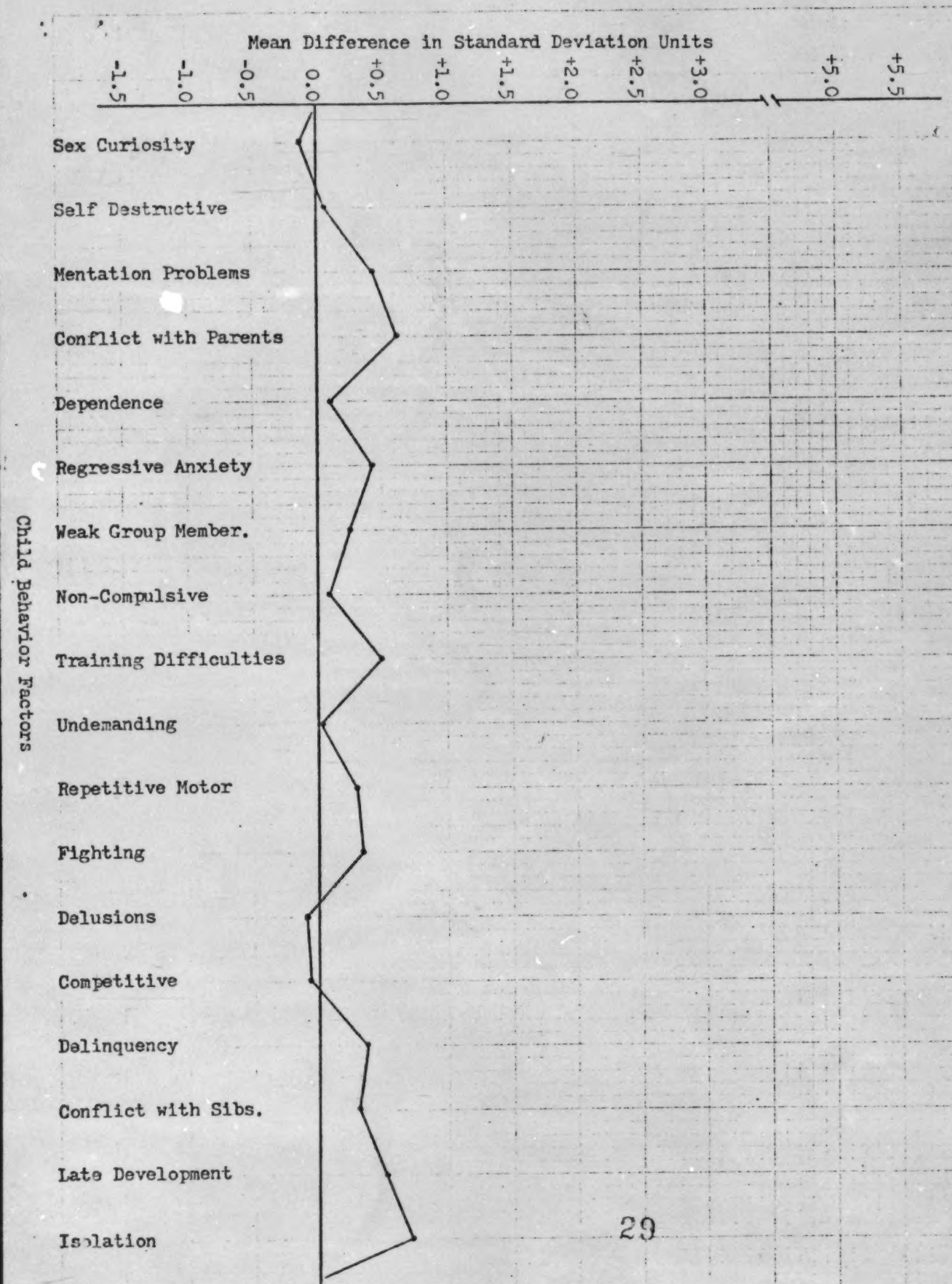
Welfare Child Type A - Aggressive Backward Isolate. (N = 240, 24.0%)

While these children did not exhibit the extreme deviations that children in some of the other types did, they nevertheless showed a pattern of moderate deviations on the child behavior factors that tapped isolation, developmental problems, & the possibility of organic damage (Figure 6). The highest deviation for children in this type was on the Isolation factor (.71 standard deviation unit), with a lesser elevation on Weak Group Membership (.25 s.d. unit). They showed elevations in the range of one-half a standard deviation on Late Development, Training Difficulties, Mentation Problems, and Regressive Anxiety. Repetitive Motor Behavior was slightly less elevated. Moderately high scores on factors measuring aggressive behaviors indicated troubled interpersonal relationships of these children. On the factors Conflict with Siblings, Fighting, and Delinquency, these children were elevated by about one-third of a standard deviation, while Conflict with Parents was twice as high. The overall symptom pattern seen here suggested the possibility of developmental problems that could in some cases reflect organic disfunction. Such problems could explain the child's isolation and troubled relationships with others.

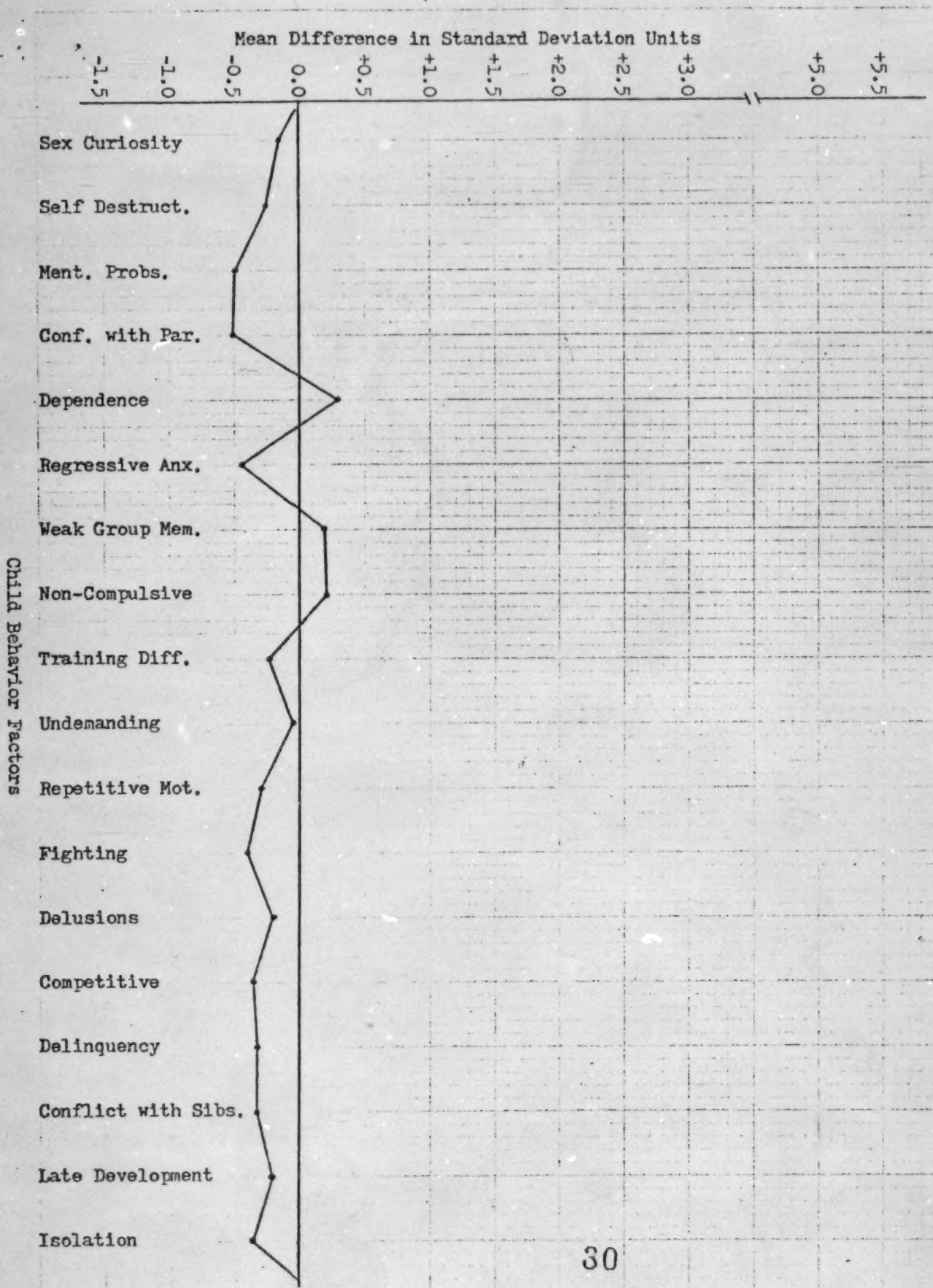
Welfare Child Type B - Mildly Dependent (N = 512, 51.2%).

This large group of children showed a clear-cut profile of mild dependence, lack of aggressive behaviors, and a lack of organic-developmental problems (Figure 7). They appeared, then, to be one of the healthiest groups in that they lacked serious symptomatology. The only significantly elevated factor score was Dependence (.30 s.d. unit), but Competitiveness was noticeably low (.37 s.d. unit). They showed significantly less of the aggressive behaviors of Conflict with Parents, Conflict with Siblings, Fighting, and Delinquency than their peers. Their scores on the rather serious dimensions

Profile of Child Behavior Factor Scores for Welfare Child Type A: Aggressive Backward Isolate



Profile of Child Behavior Factor Scores for Welfare Child Type B: Mildly Dependent



of Mentation Problems, Isolation, and Regressive Anxiety were roughly one-half a standard deviation below average. These children, then, were characterized as mildly dependent and relatively unconflicted in their interpersonal relationships. However, the absence of competitiveness as a quality useful for upward mobility in these lower class (Welfare) children merits further study.

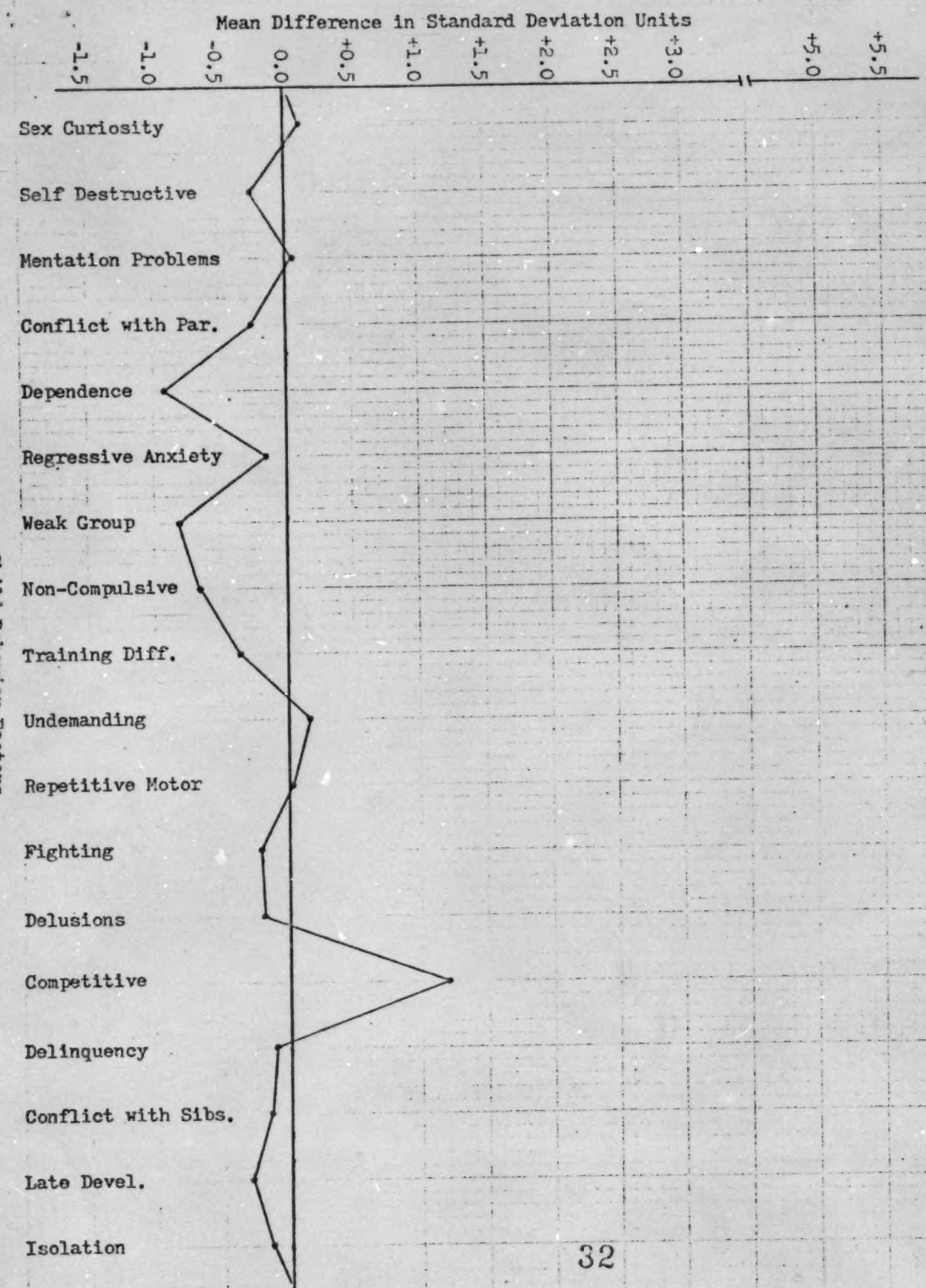
Welfare Child Type C - Competitive-Independent (N = 138, 13.8%).

These children formed another relatively healthy profile. Unlike Child Type B (Mildly Dependent), however, these children had two extreme scores that indicated a considerable difference in the two types of children (Figure 8). Their score on Competitiveness was over one standard deviation above average, and their score on Dependence was nearly one standard deviation below average. These children, then, were competitive and able to act independently of others. They were also the joiners of formal groups (.81 s.d. unit), and they were noticeably compulsive (.66). This combination of traits would suggest that they were the more upwardly mobile of the two groups of relatively healthy children. The Competitive-Independent children showed themselves to be slightly more aggressive in their interpersonal relationships than the Mildly Dependents. The former were nearer the mean on Fighting, Delinquency, and Conflict with Parents and Siblings than the latter who were considerably below the mean on these variables.

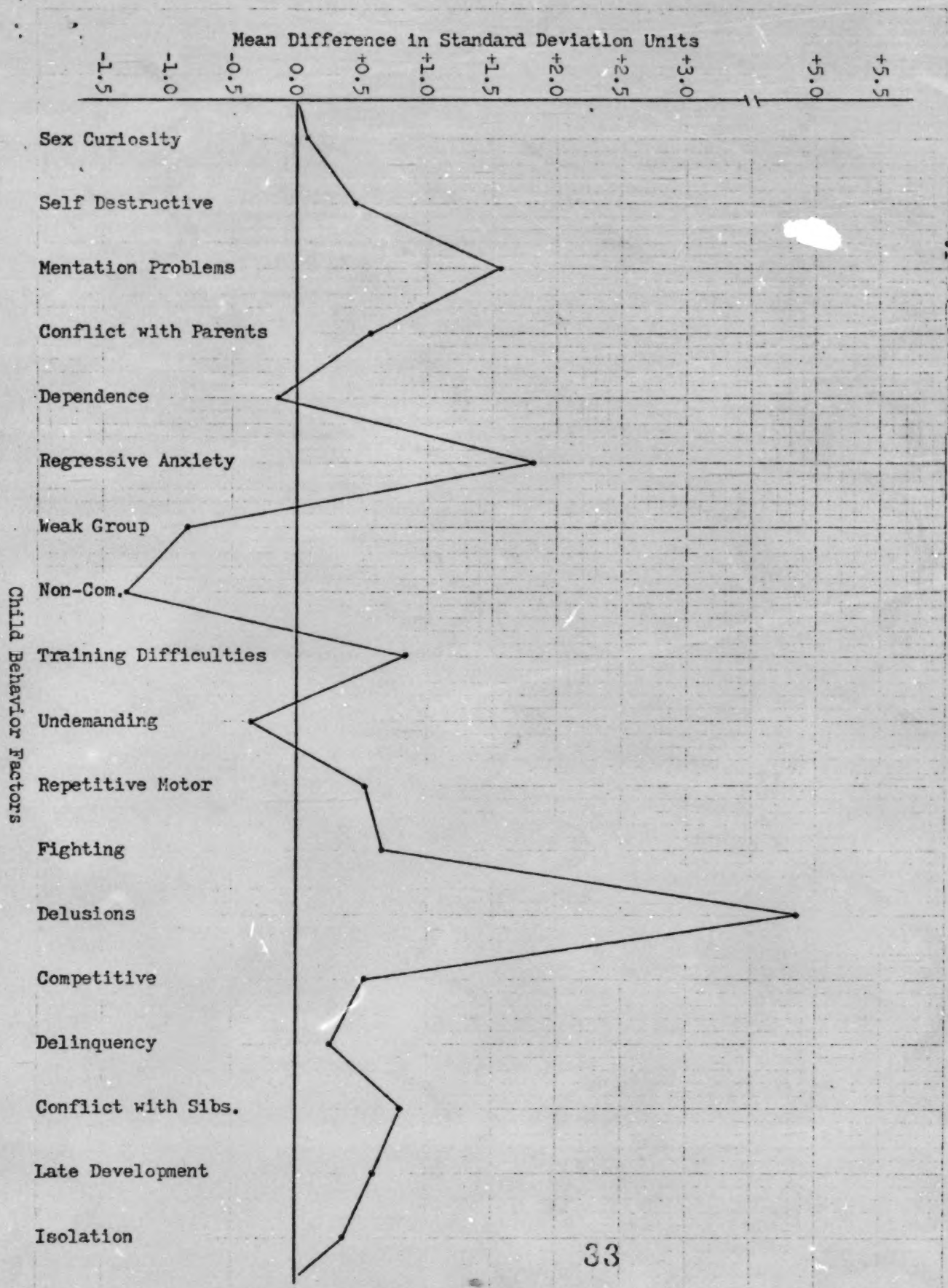
Welfare Child Type D - Delusional (N = 20, 2.0%).

In this small child type, which reflected severe pathology (Figure 9), the children had an elevation of over four standard deviations on the Delusions-Hallucinations factor. They also showed pronounced Mentation Problems (1.56 s.d. units), Regressive Anxiety (1.81 s.d. units), and Compulsivity (1.32 s.d. units). While some of these children may have been

Profile of Child Behavior Factor Scores for Welfare Child Type C: Competitive-Independent



Profile of Child Behavior Factor Scores for Welfare Child Type D: Delusional



psychotic, cognitive difficulties in others perhaps reflected organic difficulties rather than a psychotic condition. The child with cognitive difficulties often has trouble expressing himself or labeling his environment, thus seeming strange to others. This kind of child is often scared (and could account for the high score on Regressive Anxiety). Organic or developmental problems are also suggested by the moderately high scores on Late Development, Repetitive Motor Behavior, and Training Difficulties. On the other hand, this child's fairly high scores on the aggressive behaviors of Fighting, Conflict with Parents and Conflict with Siblings are probably simply a reflection of his trouble in relating to others as a result of his more serious problems, whether the problems are organic or functional in nature.

Welfare Child Type E - Delinquent-Aggressive (N = 57, 5.7%).

This child type was also indicative of pronounced pathology, but in this case, the pathology took the central form of extremely aggressive behaviors toward family members and those in the larger social sphere of the child. As shown in Figure 10, on all four of the factors measuring various dimensions of aggressive behavior (Fighting, Delinquency, Conflict with Parents, Conflict with Siblings), children in this profile were over one standard deviation above their peers. Furthermore, not all of the anger of these children was directed outward, since they had an elevation of .63 standard deviations on the Self-Destructive Tendencies factor. Their high score on the Regressive Anxiety scale (1.37 s.d. units) is also of considerable interest, since much is to be learned about the relationship of aggressive and anxious behaviors in children. It should also be noted that these aggressive children scored low on Dependence (.67 s.d. unit). (See Maccoby and Masters for a discussion of this topic.[9]) That

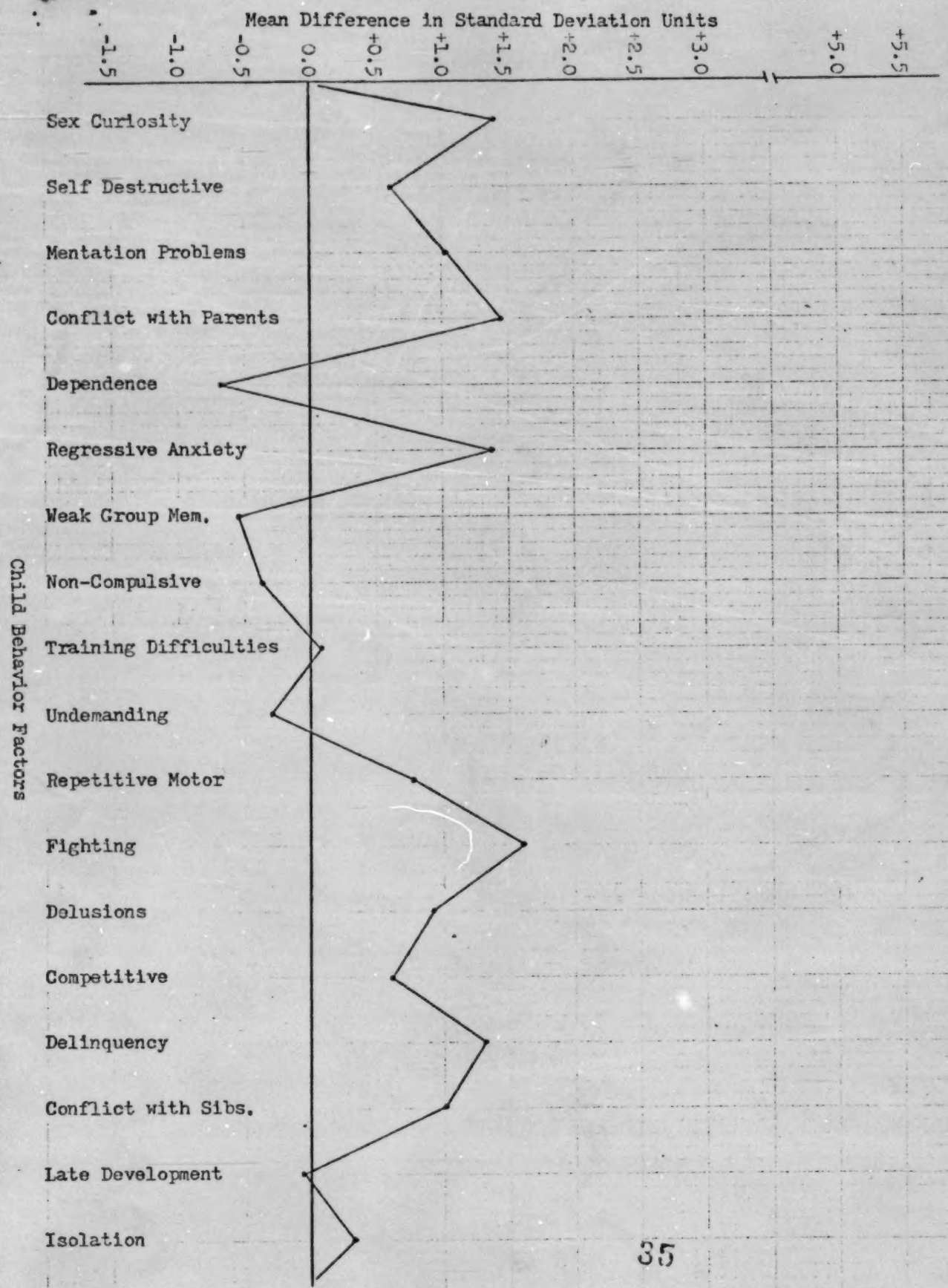


Figure 10

Profile of Child Behavior Factor Scores for Welfare Child Type E: Delinquent-Aggressive

children in this type had a high score on the Delusions-Hallucinations factor (.91 s.d. unit) is probably explained by the fact that this factor contained several items reflecting anger and suspiciousness, or paranoid tendencies. The high score on Mentation Problems (1.02 s.d. units) is probably linked to the fact that this factor contained various items of poor school functioning, as did the Delinquency factor. In sum, these children tended to be not only delinquent with problems in school, but were also extremely aggressive in other interpersonal relationships. They clearly did not show dependent behaviors, but they had pronounced anxiety.

Welfare Child Type F - Self and Other Destructive (N = 16, 1.6%).

As shown in Figure 11, these children had a profile with one very outstanding peak: they had an extreme elevation on the Self-Destructive Tendencies factor (5.67 s.d. units). These children showed not only depression, but also had consistently high scores on the aggressive behaviors of Fighting (1.16), Delinquency (.70), Conflict with Parents (1.09) and Siblings (1.10). This child type was somewhat like the Delinquent-Aggressive type, but in this case the anger appeared to be directed more inward than in the case of the Delinquent-Aggressives. That children in both were high on the aggressive behaviors as well as the self-destructive dimension is of considerable theoretical interest. Various writers have suggested that depression in children may manifest itself in a masked form such as anti-social behavior or somatic symptoms. (See M.L. Rutter's discussion.[13]) In support of this idea, in both of these aggressive child types, considerable amounts of regressive anxiety were shown, thus indicating a trio of behaviors: depression, aggression, and anxiety.

Welfare Child Type G - Highly Impaired (N = 17, 1.7%).

The children in this type represented a residual category of extremely impaired children who did not fit into any other profile. No one feature of

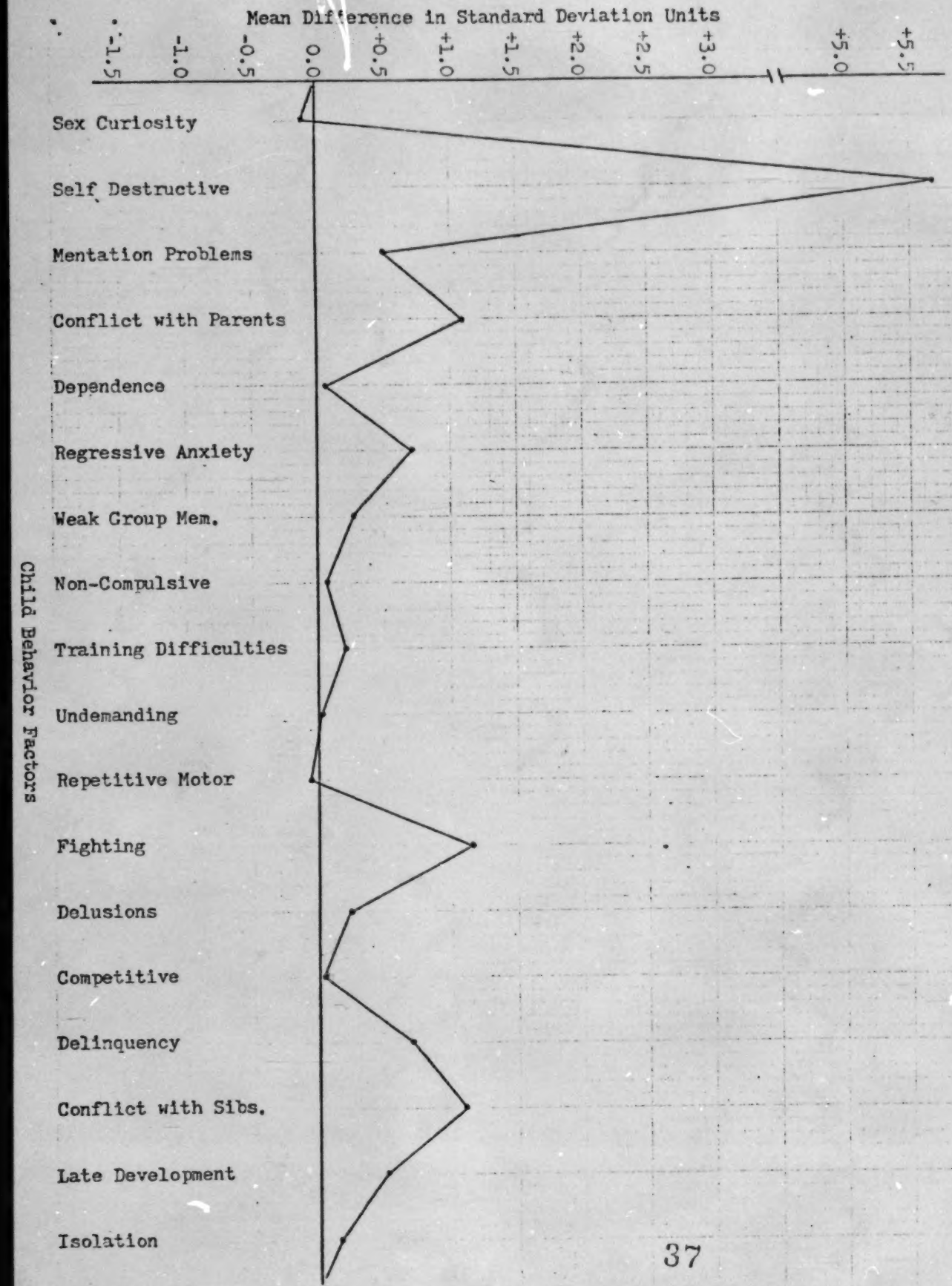
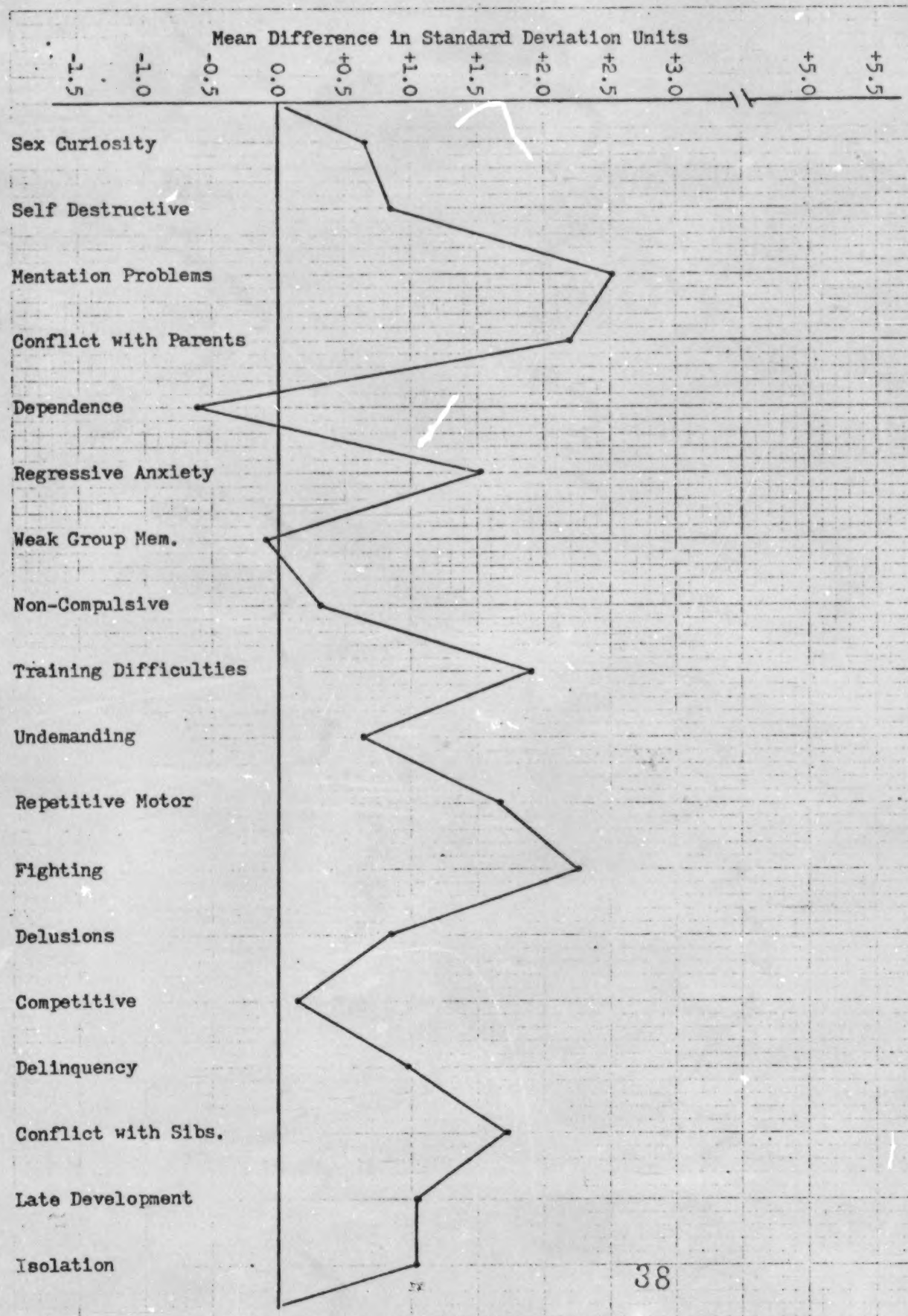


Figure 11

Profile of Child Behavior Factor Scores for Welfare Child Type F: Self and Other Destructive

Profile of Child Behavior Factor Scores for Welfare Child Type G: Highly Impaired



these children can be singled out, since they showed extreme elevations in virtually all areas of pathological functioning (Figure 12). Whatever the nature of the problems of the children within this group, without a doubt they were very sick children.

Social and Behavioral Characteristics of the Child Types.

Once the child types were developed from the 18 child behavior factors, they were cross-tabulated with various social and behavioral variables as shown in Tables 3, 4 and 5.

Age and Sex. The Welfare child types showed little variation by age or sex (Table 3). The median age of this sample of children was 11.1 years, and the sample was evenly split by sex. While the percentage of females in the Delusional child type seemed inordinately high, as well as the percentage of males in the Highly Impaired type, the small numbers in these types precluded statistical significance.

Ethnic Background. On this variable, the significantly large percentage of Spanish-speaking children in the Aggressive Backward Isolate type was of interest. The Spanish-speaking children were also significantly underrepresented in the largest, and one of the healthiest child types, namely the Mildly Dependent type. Further, while the smaller number in some of the types is problematic, it is interesting to note that only the Spanish-speaking children were disproportionately high in all of the more pathological child types. The reverse was true for the Black children, since they showed disproportionately low numbers in all of the more pathological child types, and they were the only ethnic group somewhat over-represented in both of the two healthiest child types, namely the Mildly Dependent and Competitive-Independent types. The over-all profile of the White children was more similar to the Black children than the Spanish-speaking children, but the White profile suggested a little more pathology than the Black profile. White

TABLE 3

WELFARE CHILD TYPES BY SELECTED SOCIAL AND BEHAVIORAL VARIABLES

	CHILD TYPE							
	A Aggressive Backward Isolate N=240	B Mildly Dependent N=512	C Competitive Independent N=138	D Delusional N=20	E Delinquent-Aggressive N=57	F Self and Other Destructive N=16	G Highly Impaired N=17	Total Sample N=1000
Sex of Child								
% Male	54.6	48.4	48.6	35.0	57.9	43.8	70.6	50.5
% Female	45.4	51.6	51.4	65.0	42.1	56.3	29.4	49.5
Median Age	11.4	10.8	12.2	10.2	10.9	10.0	11.7	11.1
Ethnic Group								
% White	19.2*	31.3	22.4	25.0	33.3	18.7	23.5	26.8
% Black	30.8	41.6	39.9	15.0	24.6	18.8	29.4	36.7
% Spanish-speaking	50.0**	27.1**	37.7	60.0	42.1	62.5	47.1	36.5
% Child's Total Impairment Rating "Marked" or "Severely" Impaired	44.5	4.2	12.3	70.0	73.6	81.2	94.1	23.1
Child Behavior Superfactor Score[a]								
Superfactor I	E.52	D.58	-	E1.16	E1.89	E1.55	E2.46	-
Superfactor II	E.63	D.57	-	E2.01	E1.02	E.53	E2.71	-
Superfactor III	-	D.33	-	-	E1.10	E.47	E1.15	-
% Child's Average Grades Low or Failing	10.9	5.1*	2.9*	15.0	19.3**	18.8	35.3**	7.9
% Child in Trouble with Police	10.4**	1.4**	4.3	0.0	28.1**	6.3	23.5**	5.9
% Child Referred for Treatment	28.3**	8.4**	7.2**	15.0	50.9**	37.5*	41.2*	16.6

[a] I = Anxious-Fighting-Depressed, II = Organic-Developmental, III = Delinquent-Aggressive.

* = significant at the .05 level of confidence. ** = significant at the .01 level. (Chi Square test)

children had significantly less than average Aggressive Backward Isolates; they had more than average (however, not significant) Delinquent-Aggressives. Further, the proportions of White children were roughly average in the Delusional and Highly Impaired types, but the Blacks were somewhat under-represented. More generally, then, these data would suggest that the Spanish-speaking children tended to be the most impaired of the three ethnic groups in the Welfare sample, and that the behaviors labeled Aggressive Backward Isolate seem to be a frequent form of such impairment.

Psychiatric Impairment Ratings. As may be seen in Table 3 , the child types were strongly differentiated in terms of the proportions of children with "marked" or "severe" total impairment ratings. Since the psychiatrists made their evaluation of child total impairment from symptomatology reported in the questionnaire material, it is not surprising that a strong relationship existed between that and the child types which were statistically constructed from questionnaire symptomatology. However, it is of interest to note which types of behavior the psychiatrist considered the most pathological. Aside from the obvious Highly Impaired type with elevated symptomatology in all areas, the types most likely to have highly impaired children (as rated by the psychiatrists) were (in descending order): Self and Other Destructive, Delinquent-Aggressive, Delusional, and Aggressive Backward Isolate.

Superfactor Scores. As would be expected, those child types that contained high proportions of children rated marked or severely impaired by the psychiatrists also tended to be the types that showed extremely elevated standard deviations on the superfactors (Table 3). For example, the Highly Impaired child type, with 94% of its children rated marked or severe, had the highest elevations on all three superfactors (Anxious-Fighting-Depressed, Organic-Developmental and Delinquent-Aggressive). Two other child types

showing considerable pathology in all major areas of functioning were the Delinquent-Aggressives and the Self and Other Destructives. On the other hand, the Delusional child type contained children who were average on the Delinquent-Aggressive superfactor, but children in this type were over two standard deviations above their peers on the Organic-Developmental superfactor, and over one standard deviation above their peers on the Anxious-Fighting-Depressed superfactor. The superfactor pattern reflected in the Aggressive Backward Isolate child type was like that of the Delusional type except that the scores of the former were not so severe (in the range of one-half a standard deviation). One of the less pathological child types, the Competitive-Independent type, contained children who reflected the sample average in the three global areas of symptomatology. On the other hand, the Mildly Dependent child type was characterized by children with a lack of symptomatology on the three superfactors. With depressions on all three superfactors of roughly one-half a standard deviation unit they showed less symptomatology than 70% of the sample children in each behavioral area.

How, then, did children in the various child types compare in terms of behaviors related to the larger social setting, i.e. to agencies and institutions?

School Achievement. As shown in Table 3 , the Competitive-Independent children had the lowest rate of low or failing grades in school (only 3%), and the Mildly Dependent children were also significantly low on this variable (5%). The Highly Impaired children, on the other hand, had 35% with low or failing grades, and the Delinquent-Aggressives also had a significantly high rate of school achievement problems (19%). The Aggressive Backward Isolates were only slightly worse than average on school problems. However, it must be remembered that the reference point here is a sample of Welfare children with significantly lower rates of school achievement than that found in the Cross-sectional sample, [3] and therefore when a child type

is said to be average this is meant only in respect to the norm for Welfare children. The question to be pursued here, of course, is why some of these children were able to achieve more than others.

Police Contacts. Three of the child types contained a significantly higher than average (6%) proportion of children who had been in trouble with the police: namely, the Delinquent-Aggressives (28%) the Highly Impaired (23%), and the Aggressive Backward Isolates (10%). (See Table 3.) Once again, the Mildly Dependents were significantly low on this variable, with only 1% having police contacts. The Competitive-Independents, however, reflected the sample average.

Treatment Contacts. As shown in Table 3, proportions of children referred for treatment again showed a strong relationship to the child typologies. The Delinquent-Aggressives had the highest rate of treatment referrals (51%), with 41% in the Highly Impaired profile, 37% in the Self and Other Destructive category, and 28% in the Aggressive Backward Isolate type. That the Delusional type (a quite pathological group) had a referral rate of only 15% (roughly the sample average), is probably indicative of the fact that typically it is rather the more outwardly aggressive children who come to the attention of the authorities, in many cases the police. Furtheremore, if the referral percentages for each child type are compared with the proportions of children in each type needing treatment (as measured by the percentages of marked and severe total impairment ratings), it may be seen that actual treatment rates in no way approximated need for treatment. For a discussion of treatment rates in the Welfare and Cross-sectional samples, see Langner et al., "Treatment of Psychological Disorders Among Urban Children." [8]

Father Figures. As shown in Table 4, the child profile types generally showed little relationship to whether or not the child had a father-figure in the home. The only child type meeting statistical significance on this variable was the small Highly Impaired group, whose children had double the average number of father figures. There was a suggestion in the table that the Competitive-Independent children tended to have more father-figures than average, and that the Self and Other Destructive children had less than average, but neither of these relationships met statistical significance. Thus, these data would in no way substantiate a conclusion that the Welfare child without a father-figure in the home is a worse impairment risk than one who has a father in the home. A large, healthy group of children, the Mildly Dependents, were at the sample average on this variable as were the Delinquent-Aggressives. The finding in this area is consonant with a finding of the larger study, that the child's psychiatric impairment rating in the Welfare sample was not worse if the child did not have a father in the home. (This was not true in the Cross-sectional sample.)

Qualities of the Parents in Relation to Child Types. For those interested in parent-child behaviors, the seven child types are presented in Table 5 with the scores for each child type on the parental and parent-child factors. In comparing this line of analysis with that of the family data presented above, the emphasis here was simply reversed. In this case, the broader child types were examined as they related to more specific parental behaviors.

As seen in Table 5, the magnitude of the pathology seen in the children was roughly matched by that seen in the parents. This general finding underscores the relative importance of parental attributes and behavior for child development.

TABLE 4

WELFARE CHILD TYPES BY FATHER-FIGURE IN THE HOME

Father Figure in the Home	A Aggressive Backward Isolate N=240	B Mildly Dependent N=512	C Competitive-Independent N=138	D Delusional N=20	E Delinquent-Aggressive N=57	F Self and Other Destructive N=16	G Highly Impaired N=17	Total Sample N=1000
	Child Type							
% of Children with Natural Father	18.3	18.8	25.4	10.0	22.8	6.3	41.2*	19.8
% of Children with Other Father Figure	7.1	6.4	8.7	10.0	5.3	6.3	11.8*	7.0
% of Children with no Father Figure	74.6	74.8	65.9	80.0	71.9	87.5	47.1	73.2

*Significant at the .05 level of confidence (Chi Square Test).

TABLE 5

Parental and Parent-Child Factor Scores in Standard Deviation Units for the Welfare Child Types

CHILD TYPES*

Parental Factors	A Aggressive Backward Isolate	B Mildly Dependent	C Competitive Independent	D Delusional	E Delinquent Aggressive	F Self and other Destructive	G Highly Impaired
Isolated Parents	-	-	-	-	-	-	-
Unhappy Marriage	-	-	-	-	E.35	E.42	-
Mother's Physical and Emotional Illness	-	-	-	E1.04	E.58	-	E.59
Unleisurely Parents	-	-	D.29	E.34	-	D.26	-
Mother's Economic Dissatisfaction	-	-	-	E.85	E.41	E.25	E.45
Parents' Quarrels	-	-	-	E.85	E.34	E.38	E.33
Husband Ill, Withdrawn	-	-	-	E.27	-	-	E.45
Traditional Marriage	-	-	-	D.40	-	D.49	-
Parent-Child Factors							
Parents Cold	-	D.32	-	E.50	E.90	E1.00	E.84
Mother Traditional-Restrictive	E.33	-	-	-	D.25	-	E.48
Parents Punitive	-	-	-	E.72	E.61	E.64	E.86
Mother Supportive-Directing	-	-	-	E.25	-	D.26	-
Mother Excitable-Rejecting	-	D.27	-	E.57	E.76	E1.18	E1.60
N =	240	512	138	20	57	16	17

*The sample mean is 0, SD = 1. E indicates elevation, i.e. that the score was higher than the mean or more of that behavior was shown by the group. D indicates depression or that less of the behavior labelled was shown. Profile for a group is obtained by reading vertically in a group's column. Only values $\geq .25$ are included.

The finding for the Aggressive Backward Isolate child type was perhaps the only exception to the general finding, and this in itself lent support to the contention outlined above that these children (who were more impaired than average) had a high ratio of organic problems, such as mild brain damage. The only outstanding feature of the parents of the Aggressive Backward Isolates was that the mothers tended to be more traditional and restrictive than average.

The Mildly Dependent children, a healthy type, had parents who reflected the Welfare sample average on marital and personality variables. However, on the two child-rearing variables that have been found to be the strongest predictors of child impairment within the total predictor set, namely Mother Excitable-Rejecting and Parents Cold, parents of the Mildly Dependent children had depressed scores. In other words, these parents showed warmth toward their children, and little excitability or rejection.

The Competitive-Independent children had parents who were outstanding only on the leisure time variable, reporting more leisure time than average. These parents perhaps devoted more time to encouraging their children in the development of the more traditionally middle-class qualities of socially approved competition and independence.

That the Delusional children had mothers with the highest score on Mother's Physical and Emotional Illness was of interest. These parents were also highest on Unleisurely Parents, Mother's Economic Dissatisfaction, and Parents Quarrels. Their child-rearing practices were marked by punitiveness, and they were higher than average on coldness and excitability.

The mothers of the Delinquent-Aggressive children also had high scores on Mother's Physical and Emotional Illness and Mother's Economic Dissatis-

faction. But parents of these children were particularly high on the Parental Coldness factor, which has been shown to be strongly linked to delinquent behaviors in children.[3] The Parental Coldness factor tapped parents who were emotionally inaccessible to the child, rarely showing affection and generally not responding to the child's behavior. Parents such as these provide few emotional rewards for their child and thus are a primary source of frustration of a child's needs. Intense frustration is one of the critical antecedents of highly aggressive behavior. These parents were also high on excitability and punitiveness.

The Self and Other Destructive children had parents with similar child-rearing attributes of extreme coldness, punitiveness, but particularly excitability. The Mother Excitable-Rejecting variable measured those mothers who were moody, resentful, and had coping problems where the child was viewed as adding to her burdens. Children with such mothers would possibly assume the behaviors of high intensity displayed by their mothers. All of these scores indicated a general lack of positive interaction with the child, and appropriate response to the child's needs. It is interesting to note, too, that the parents of these extremely depressed children had the highest score on the Unhappy Marriage factor.

As would be expected, the children in the Highly Impaired category had mothers with an elevation on the Mother's Physical and Emotional Illness factor. These parents also showed high elevations on coldness, excitability, and punitiveness, but in this case coupled with the traditional-restrictive dimension.

Thumbnail Sketch of Welfare Child Types.

To leave the reader with a few general impressions of the child types derived from the sample of Welfare children aged 6 to 18, perhaps some of the

more salient points can be summarized without doing much injustice to the data.

Roughly half of the sample children fell into a relatively healthy profile labeled Mildly Dependent, where less than average pathology was seen on the 18 child behavior factors. Nearly half of these children were Black, and the rest were White and Spanish-speaking. Only 4% of these children were rated marked or severely impaired by the project psychiatrists (from the mother's report), and they had significantly less school failure, police contact, or treatment referral than their peers. Measures of the behaviors of the parents of these children indicated that they were generally warm mothers with little of the excitable-rejecting dimension.

The other relatively healthy child type, the Competitive-Independent children, comprising about 14% of the sample, were marked by a lack of the dependent behaviors, by strong group membership, and competitive traits. These children were fairly evenly split on the ethnic variable. Only 12% were rated marked or severely impaired, compared to a sample average of 23%. These children too had little school failure, police contact, or treatment referral. Their parents were average on personality and marital traits, reporting only more leisure time than average.

Another large child type, the Aggressive-Backward Isolates, comprising 24% of the sample, showed more pathological behaviors than the two types above. The pattern these children presented suggested developmental problems and possibly mild organic dysfunction. Possibly as a result of such problems, these children exhibited troubled relationships with others. This group contained significantly more than average Spanish-speaking children and significantly less White children. Psychiatrists evaluated a high 44% as marked or severely impaired, and while their treatment referral rate was

higher than average, only 28% had been referred. Mothers of these children tended to be traditional and restrictive in their child-rearing practices.

The Delinquent-Aggressives were the only other sizeable child type, containing about 6% of the sample. These children had high elevations on many of the child factors measuring pathological behaviors, but particularly on the fighting and delinquency variables and those variables measuring aggressive interpersonal relationships. Psychiatric evaluations indicated 74% to be markedly or severely impaired, with only 51% referred for treatment. Twenty-eight percent had been in trouble with the police, and 20% were reported to have low or failing grades. Mothers of these children tended to have high rates on the Mother's Physical and Emotional Illness factor, and they exhibited coldness and excitability toward their children.

Three other child types were derived, but proportions in each group were small: Delusional, 2.0%; Self and Other Destructive, 1.6%; and Highly Impaired, 1.7%. The reader is referred to the text above for specifics on these three child types.

Associations Between Family Types and Child Types

After the development of the family and child typologies, a final statistical analysis involved the establishment of the degree of significant association between the two typologies. These associations were determined by use of the Chi-square test in which a X^2 value equal to or greater than four was considered as rejecting the null hypothesis (this value is the significance value necessary at $p = .05$, d.f. = 1). Table 6 is the contingency table of the family types by the child types, and also gives the significant associations.

Table 6

WELFARE FAMILY TYPES BY WELFARE CHILD TYPES
DEVELOPED FROM HIERARCHICAL PROFILE ANALYSIS*

ETHNIC BACKGROUND	FAMILY TYPES					
	W - 4% B - 0% S - 96%	W - 25% B - 46% S - 29%	W - 56% B - 30% S - 14%	W - 36% B - 61% S - 3%	W - 23% B - 43% S - 34%	
	A Spanish-Speaking, Traditional	B Intact, Atypical Welfare	C Discordant Homes, Emotionally Ill Mothers	D More Educated, Well-Adjusted Mothers, Non-Spanish Speaking	E Extremely Disrupted Homes with Mother Surrogates	TOTAL Horiz.
CHILD TYPES	N	N	N	N	N	N %
A AGGRESSIVE BACKWARD ISOLATE	99+	5	33	73-	30	240 24.0
B MILDLY DEPENDENT	119-	6	26-	306+	55	512 51.2
C COMPETITIVE-INDEPENDENT	42	9+	18	62	7	138 13.8
D DELUSIONAL	9	0	9+	2-	0	20 2.0
E DELINQUENT-AGGRESSIVE	20	4+	17+	10-	6	57 5.7
F SELF AND OTHER DESTRUCTIVE	7	0	5+	2	2	16
G HIGHLY IMPAIRED	8	0	5+	2-	2	17 1.7
TOTALS Vert. N	304	24	113	457	102	1000
%	30.4	2.4	11.3	45.7	10.2	100

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* A + in a cell indicates an overrepresentation of cases.
A - indicates an underrepresentation of cases (cells with CHI Square values ≥ 4).

The significant over- and under-representation in the family types of children classified into the various child types was in no way out of accord with the trends in the data established above. Strong and consistent relationships were seen between family types indicative of certain pathologies, and children with behaviors that could be predicted on the basis of that pathology.

The finding of particular interest for this report was that for Family Type E, Extremely Disrupted Homes with Mother Surrogates, no child type was significantly over- or under-represented. This would suggest that the uprooting process in a child's life, to the extent of living without either natural parent, is not as important for his behavior as the factors associated with the uprooting. In contrast to the disrupted family type (E) was Family Type C, Discordant Homes with Emotionally-Ill Mothers, which contained roughly the same proportion of father-figures (17%). Family Type C contained an over-representation of the four most pathological child types: Delusional, Delinquent-Aggressive, Self and Other Destructive, and Highly Impaired. Further, this family type contained a significant under-representation of one of the healthiest child types, the Mildly Dependent children.

Family Type A, Spanish-speaking Traditional, also contained an under-representation of the Mildly Dependent children, but this family type was over-represented on the Aggressive Backward Isolate children. Here the link between assimilation problems, extremely poor living conditions, and child behavior seemed apparent.

The Intact, Atypical Welfare family type represented an interesting group, but the small number in this type was a limiting factor. It was shown above that children in this family type tended to show more of the traditionally middle class behaviors of competition and independence. However, while the

Competitive-Independent child type was over-represented in this family type so was the Delinquent-Aggressive child type, perhaps indicating that some of these independent children were walking a narrow line between socially approved and unapproved behavior.

Finally, Family Type D, More Educated, Well-Adjusted Mothers, Non-Spanish-speaking, contained children with the healthiest distribution of child types. In this family type the Mildly Dependent children were significantly over-represented, and the more pathological Aggressive Backward Isolate, Delusional, Delinquent-Aggressive, and Highly Impaired child types were under-represented. However, the fact that the Competitive-Independents, a healthy child type showing some of the qualities that would be beneficial in breaking out of the poverty and Welfare cycle, were not over-represented for this relatively healthy family type deserves further study. It has been suggested that the single-parent home, and its many correlates, is related to the child's lower motivational level. Parker and Kleiner,[12] for example, found that mothers in broken families had lower goal striving for themselves and for their children than mothers in intact homes. They concluded that this may have important implications for the achievement-related attitudes of children raised in female-headed households. (See Louis Kriesberg's study for a different approach to this problem.[7])

SUMMARY AND IMPLICATIONS OF THE RESEARCH

Various researchers[4] in the area of single-parent families have observed that the disadvantages of the children in these homes tend to be so great and varied that it is difficult to tease out causal factors. In approaching the problem, different statistical analyses have different strengths and weaknesses. While the hierarchical profile analysis design did not allow causal interpretations of sources of differences in families, it did, on the other hand, give a good overall impression of the data and its interrelationships. Five distinct

Welfare family types emerged, with considerable difference in the nature and amount of pathology each contained. The same was true for seven Welfare child types that were similarly derived.

In these data, in terms of distinguishing types of families, the single-parent dimension (absence of a father-figure in the home, 73% of the 1000 cases) did not appear to be as related a variable as whether or not the child was in the care of his natural mother. The family type Extremely Disrupted Homes with Mother Surrogates was distinct in the fact that it consisted primarily of homes where the mother was taking care of someone else's child (the study child). These surrogate mothers, aside from being extremely pessimistic about their ability to get off Welfare, were fairly characteristic of the Welfare sample as a whole on a range of social and behavioral variables. More important, the children in this family profile also reflected the sample average in terms of their behavior and development. That is, the children did not appear to be more impaired than the average Welfare child as a result of living with a surrogate parent.

On the other hand, the most highly impaired children in the sample fell very clearly into one family type where they were largely in the care of their natural mothers: Discordant Homes with Emotionally-Ill Mothers. These children, then, appeared to be a reflection of their parents. Three out of four of these children were rated markedly or severely impaired, and they tended to be delinquent-aggressive children. Both mothers and children in this profile appeared to be the most in need of treatment intervention. Child treatment rates for this family type and others were extremely inadequate. The ethnic background variable was also of interest here. This extremely pathological profile contained a significant over-representation of White families.

Ethnicity generally was a strong variable in delineating the family profiles, particularly in relation to the Spanish-speaking families, which

tended to cluster in a particular family type (Spanish-Speaking, Traditional). Here the weight of several social variables seemed to be making itself felt: language and acculturation problems, extremely low incomes (and thus probably extremely poor food supplies for the family members), low education, and 80% of the families without father-figures. Further, the Welfare data for this family type indicated a disproportionately high incidence rate of hard-core Welfare clients. This information in total suggests a situation where the need for large-scale social intervention is obvious. More direct intervention appeared necessary for the children in this family type, many of whom were classified as Aggressive Backward Isolates.

On a more optimistic note, nearly half of the families (46%) fell into a profile with relatively little pathology (More-Educated, Well-Adjusted Mothers, non-Spanish-Speaking). Mothers in this type (74% of whom were single parents) appeared healthy and appeared to be rearing healthy children who were doing well in school. The children, though, were not high on competitiveness or formal group activity, and seemed to find more support at home than in the larger social environment. This family type, then, appeared to be a prime target for intervention in the area of employment incentives, increased Day Care facilities, and career counseling for the children. From these data, that they were largely single-parent homes did not in itself appear problematic.

References

1. Burgess, M. 1965. Poverty and dependency: some selected characteristics. Journal of Social Issues 21 (No. 1):79-97.

2. Dullea, G. The increasing single-parent families. The New York Times, December 3, 1974, p. 46.

3. Eisenberg, J.G., Langner, T.S. and Gersten, J.C. Differences in the behavior of Welfare and Cross-sectional children in relation to parental characteristics. Manuscript submitted for publication.

4. Finer, The Hon. Sir Morris (Chairman). 1974. Report of the Committee on One-Parent Families. Vols. I and II. London: Her Majesty's Stationary Office.

5. Glasser, P. and Navarre, E. 1965. Structural problems of the one-parent family. Journal of Social Issues 21:98-109.

6. Herzog, E. and Sudia, C.E. Fatherless homes. 1958. Children 15 (No. 5): 177-182.

7. Kriesberg, L. 1967. Rearing children for educational achievement in fatherless families. Journal of Marriage and the Family, 29:288-301.

8. Langner, T.S., Gersten, J.C., Greene, E.L., Eisenberg, J.G., Herson, J.H. and McCarthy, E.D. 1974. Treatment of psychological disorders among urban children. Journal of Consulting and Clinical Psychology 42:170-179.

9. Maccoby, E. and Masters, J. 1970. Attachment and dependency. In Carmichael's Manual of Child Psychology, Vol. 2, third edition, P. Mussen, ed. John Wiley & Sons, Inc., New York.

10. McFarlane, J.W., Allen, L. and Honzik, P. 1954. A Developmental Study of the Behavior Problems of Normal Children Between Twenty-one Months and Fourteen Years. University of California Press, Berkeley.

11. McKeon, J.J. 1967. Hierarchical Cluster Analysis. George Washington University Biometrics Laboratory, Washington, D.C.

12. Parker, S. and Kleiner, R.J. 1966. Characteristics of Negro mothers in single-headed households. Journal of Marriage and the Family, 28:507-513.

13. Rutter, M.L. 1973. Relationships between child and adult psychiatric disorders. In S. Chess and A. Thomas, eds. Annual Progress in Child Psychiatry and Child Development, Brunner Mazel, New York: 669-688.

14. Sprey, J. 1970. The study of single parenthood: some methodological considerations. In Schlesinger, B., The One-Parent Family. University of Toronto Press. Canada.

APPENDIX I

GENERAL STUDY METHODOLOGY

Sampling Procedure, Cross-sectional Sample. The sample area was defined as the area between Houston Street and 125th Street on the East and West sides of Manhattan, New York City. This area included all major ethnic and income groups of Manhattan. The sample was broken down into health areas, blocks within each health area, and dwelling units in each block. The total number of dwelling units in each block was translated into terms of clusters, where, on the average, each cluster consisted of eight dwelling units. Thus, the sample was one of systematic cluster sampling, stratified by health area. When a household with an eligible child (between the ages of six and 18) fell into the sample, an appointment was made for a trained interviewer (matched by ethnic background where possible) to come and interview the mother of a randomly selected child within the household. The sample was completed with the relatively low refusal rate of 15.6%.

The breakdown by the major ethnic groups of the final Cross-sectional sample of 1034 children was 56% White, 29% Spanish-speaking, 14% Black, and 1% Other. The total sample was composed of 52% males and 48% females. Since it was a random sample, the number of males and females was fairly evenly distributed across the 13 age groups from six to 18 years of age.

Sampling Procedure, Welfare ADC Sample. The ADC households were randomly selected from Welfare lists which covered the same area of Manhattan as that of the Cross-sectional sample. The sample was stratified by ethnic background, to approximate equal thirds of the major ethnic groups (27% White, 37% Black, 36% Spanish-speaking) in the final sample of 1000 children. As in the Cross-section, if there was more than one eligible child within the household, a random selection pattern was used to determine which child would be

the focus of the mother's interview. The final sample was composed of 51% males and 49% females. Once again the sample was rather evenly distributed by sex across the 13 age groups. The refusal rate for this sample was eight percent.

The Mother's Questionnaire. Mothers were interviewed for an average of two and one-fourth hours about the randomly selected child. The questionnaire was, for the most part, a structured instrument, with some verbatim response material included. The questionnaire was designed to elicit information on the development and current behavior of the child, aspects of parental character and the marital relationship, child-rearing practices, a broad range of demographic variables, and psychiatric treatment status of the family members. The questionnaires for the Welfare and Cross-sectional studies were identical except for an additional section in the Welfare questionnaire on attitudes about Welfare, public assistance history, job training, and birth control.

Child Behavior Factors. Eighteen child behavior factors were factor-analytically developed from the Cross-section mother's questionnaire. A total of 287 child behavior items in the questionnaire were factor-analyzed, using a principal-components method with varimax rotation, to finally form 18 orthogonal factors with a total of 221 items. Items included in the factors had loadings of at least .20. The 18 child behavior factors, with two top-loaded items on each factor given as examples of content, are listed with their reliability coefficients in Table C.

Parental Factors and Parent-Child Factors. Characteristics of the parents and their ways of relating to the child were compared across samples via eight parental factors and five parent-child factors. The eight parental

factors, with a total item membership of 91 items, were developed by factor analysis of the original 105 items in the questionnaire dealing with the quality of the marital relationship, the character and personality of the mother and father, and the mother's psychiatric symptomatology. The 91 items in the questionnaire which dealt with the way the parents behaved toward the child were factor analyzed into five parent-child factors comprising a total of 81 items. The parental and parent-child factors, with two highly loaded items for each and their reliability coefficients are given in Tables A and B, respectively. The factor analysis of parent and parent-child items from the questionnaire was conducted on the Cross-sectional sample item pool. The Welfare sample data were recoded and scored on each item, as was the case on the 18 child behavior factors.

Ratings of Children by Psychiatrists. A computer summary of the 654 child behavior items in the mother's questionnaire was used by psychiatrists on the research team to rate each child on ten 5-point impairment scales without access to data bearing on either the social background of the child or characteristics of the family. The five points on each scale were as follows: 1 = well (no impairment) or minimal impairment; 2 = mild impairment; 3 = moderate impairment; 4 = marked impairment; 5 = severe impairment. For the purpose of this paper, only the total impairment rating (TIR), a global rating of the child's impairment, was used.

TABLE A

The Eight Parental Factors with representative items and their factor loadings and the reliability coefficient of the factor

Factor	Content	Correlation with Factor Score	Reliability Coefficient
1 Isolated Parents (*N=9)	Parents have no close friends or few close friends and	.38	.74
	have visitors or visit less than once a month	.34	
2 Unhappy Marriage (N=10)	Parents say that their marriage is an unhappy one and	.67	.85
	that they are more unhappy than their friends	.60	
3 Mother's Physical and Emotional Illness (N=11)	Mother's health is poor.	.59	.81
	Mother has periods when she can't get going	.54	
	feels weak all over and	.52	
	is often bothered by nervousness	.51	
4 Unleisurely Parents (N=18)	Parents do not have free time or don't use it for		
	music	.50	.83
	reading	.49	
	arts and handicrafts	.27	
	They do not belong to groups or clubs	.32	
5 Mother's Economic Dissatisfaction (N=13)	Mother would like to have her own home and other possessions	.46	.68
		.35	
6 Parents' Quarrels (N=14)	Mother is not satisfied with her husband and	.51	.81
	herself	.40	
	Family disagreements are over money	.30	
	free time and	.28	
	her husband's occupation	.25	
7 Husband Ill and Withdrawn - Unaffectionate Marriage (N=8)	The husband is ill and does not show affection easily to his wife	.41	.69
		.44	
8 Traditional Marriage (N=9)	Being a parent is the most important role for both parents	.42	.66
	Mother attends religious services frequently	.41	

*N is the number of items in the factor.

TABLE B

The Five Parent-Child Factors with representative items and their factor loadings and the reliability coefficient of the factor.

Factor	Content	Correlation with Factor Score	Reliabili Coefficie
1 Parents Cold (*N=14)	Parents rarely hug and kiss the child or	.43	.77
	show affection easily to the child	.40	
2 Mother Traditional Restrictive (N=21)	Mother is not informed through books, magazines, or media about children	.71	.88
	She gives bizarre explanations about sex - warns the child about sex	.50	
	She views being "quiet and well-behaved" as important	.27	
3 Parents Punitive (N=15)	Parents spank child with a strap or stick and	.63	.81
	often use deprivation of privileges	.60	
4 Mother Supportive-Directing (N=16)	When the child is upset or lonely, the mother tries to cheer him up and	.53	.79
	distract him	.42	
	When the child is rebellious the mother does not try to change him	.45	
	but tries to talk to him about it	.36	
5 Mother Excitable-Rejecting (N=15)	Mother often screams at child	.39	.83
	is very changeable in handling him,	.37	
	and regards self as an excitable person when handling child	.31	

*N is the number of items in the factor.

TABLE C

The Eighteen Child Behavior Factors with representative items and their factor loadings and the reliability coefficient of the factor

Factor	Content	Correlation with Factor Score	Reliabili Coefficie
1 Sex Curiosity (*N=7)	Masturbates often	.65	.76
	Likes to see parents undressed	.59	
2 Self-Destructive Tendencies (N=6)	Talks about killing himself now	.72	.84
	Talked about death recently	.67	
3 Mentation Problems (N=21)	Mixes up words and has	.54	.87
	Trouble remembering things	.50	
4 Conflict with Parents (N=38)	Often blows up easily with Mother	.62	.94
	and Father	.57	
5 Dependence-Unassertiveness (N=9)	Never acts independently of Mother	.76	.92
	and Father	.74	
6 Regressive Anxiety (N=24)	Has many fears	-.51	.88
	Often wakes up in a panic	.49	
7 Group Membership Weak (N=6)	Is not a member of an organized group	.59	.73
	nor an officer	.54	
8 Non-Compulsive (N=15)	Never checks on things several times	-.55	.77
	nor is concerned with being on time	-.51	
9 Training Difficulties (N=7)	Late bladder control and	.60	.75
	Late bowel control	.59	
10 Undemandingness (N=6)	Never asks mother to be taken places	.82	.84
	or to spend time with him	.79	
11 Repetitive Motor Behavior (N=7)	Often whirls, spins and	.65	.78
	bangs his head	.61	
12 Fighting (N=21)	Teases other children and	.57	.90
	does not get along with other children at school	.56	
13 Delusions-Hallucinations (N=7)	Hears peculiar sounds or voices in head	.63	.72
	Sees, hears, smells things others do not	.56	

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(continue

TABLE C (Continued)

Factor	Content	Correlation with Factor Score	Reliabili- Coefficie
14 Competition with Others (N=4)	Often competes with Father and Mother	.76 .74	.87
15 Delinquency (N=19)	Smokes and Plays hookey	.56 .55	.86
16 Conflict with Siblings (N=10)	Blows up easily with sibs and often expresses anger toward them	.68 .66	.83
17 Late Development (N=6)	Began to walk late and hardly moved about at all as a baby	-.56 -.55	.69
18 Isolation (N=9)	Often plays alone and doesn't keep a friend a year or more	.56 .55	.79

*N is the number of items in the factor.